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OHIO CHILDREN'S INITIATIVE

Comprehensive  
Child and Adolescent  
Needs and Strengths

Ohio Comprehensive CANS

Ages Birth through 20

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2021  
REFERENCE  
GUIDE

# ACKNOWLEDGEMENTS

A large number of individuals have collaborated in the development of the Child and Adolescent Needs and Strengths. Along with the CANS, versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS is an open domain tool for use in multiple child-serving systems that address the needs and strengths of children, youth, and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and annual certification is expected for appropriate use.

We are committed to creating a diverse and inclusive environment. It is important to consider how we are precisely and inclusively using individual words. As such, this reference guide uses the gender-neutral pronouns “they/them/themselves” in the place of “he/him/himself” and “she/her/herself.”

Additionally, “child/youth” is being utilized in reference to “child,” “youth,” “adolescent,” or “young adult.” This is due to the broad range of ages to which this manual applies (e.g., ages birth through 20 years old).

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# INTRODUCTION

## THE CANS

The **Child and Adolescent Needs and Strengths (CANS)** is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the CANS is to accurately represent the shared vision of the child/youth serving system—children, youth, and families. As such, completion of the CANS is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the CANS is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the CANS.

### SIX KEY PRINCIPLES OF THE CANS

1. **Items were selected because they are each relevant to service/treatment planning.** An item exists because it might lead you down a different pathway in terms of planning actions.
2. **Each item uses a 4-level rating system that translates into action.** Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. **Rating should describe the child/youth, not the child/youth in services.** If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e. ‘2’ or ‘3’).
4. **Culture and development should be considered prior to establishing the action levels.** Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/youth’s developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child but would be for an older youth or youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/youth’s developmental age.
5. **The ratings are generally “agnostic as to etiology.”** In other words this is a descriptive tool; it is about the “what” not the “why.” While most items are purely descriptive, there are a few items that consider cause and effect; see individual item descriptions for details on when the “why” is considered in rating these items.
6. **A 30-day window is used for ratings in order to make sure assessments stay relevant to the child/youth’s present circumstances.** However, the action levels can be used to over-ride the 30-day rating period.

## HISTORY AND BACKGROUND OF THE CANS

The CANS is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The CANS was developed from a communication perspective in order to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

The CANS gathers information on the child/youth’s and parents/caregivers’ needs and strengths. Strengths are the child/youth’s assets: areas in life where they are doing well or have an interest or ability. Needs are areas where a child/youth requires help or intervention. Care providers use an assessment process to get to know the child or youth and the families with whom they work and to understand their strengths and needs. The CANS helps care providers decide which of a child/youth’s needs are the most important to address in treatment or service planning. The CANS also helps identify strengths, which can be the basis of a treatment or service plan. By working with the child/youth and family during the assessment process and talking together about the CANS, care providers can develop a treatment or service plan that addresses a child/youth’s strengths and needs while building strong engagement.

The CANS is made up of domains that focus on various areas in a child/youth's life, and each domain is made up of a group of specific items. There are domains that address how the child/youth functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths and on skills needed to grow and develop. There is also a domain that asks about the family's beliefs and preferences, and about general family concerns. The care provider, along with the child/youth and family as well as other stakeholders, gives a number rating to each of these items. These ratings help the provider, child/youth and family understand where intensive or immediate action is most needed, and also where a child/youth has assets that could be a major part of the treatment or service plan.

The CANS ratings, however, do not tell the whole story of a child/youth's strengths and needs. Each section in the CANS is merely the output of a comprehensive assessment process and is documented alongside narratives where a care provider can provide more information about the child/youth.

## HISTORY

The Child and Adolescent Needs and Strengths grew out of John Lyons' work in modeling decision-making for psychiatric services. To assess appropriate use of psychiatric hospital and residential treatment services, the Childhood Severity of Psychiatric Illness (CSPI) tool was created. This measure assesses those dimensions crucial to good clinical decision-making for intensive mental health service interventions and was the foundation of the CANS. The CSPI tool demonstrated its utility in informing decision-making for residential treatment (Lyons, Mintzer, Kisiel, & Shallcross, 1998) and for quality improvement in crisis assessment services (Lyons, Kisiel, Dulcan, Chesler, & Cohen, 1997; Leon, Uziel-Miller, Lyons, & Tracy, 1998). The strength of this measurement approach has been that it is face valid and easy to use, yet provides comprehensive information regarding clinical status.

The CANS builds upon the methodological approach of the CSPI, but expands the assessment to include a broader conceptualization of needs and an assessment of strengths – both of the child/youth and the caregiver, looking primarily at the 30-day period prior to completion of the CANS. It is a tool developed with the primary objective of supporting decision making at all levels of care: children, youth and families, programs and agencies, child/youth-serving systems. It provides for a structured communication and critical thinking about children/youth and their context. The CANS is designed for use either as a prospective assessment tool for decision support and recovery planning or as a retrospective quality improvement device demonstrating an individual child/youth's progress. It can also be used as a communication tool that provides a common language for all child/youth-serving entities to discuss the child/youth's needs and strengths. A review of the case record in light of the CANS assessment tool will provide information as to the appropriateness of the recovery plan and whether individual goals and outcomes are achieved.

Annual training and certification is required for providers who administer the CANS and their supervisors. Additional training is available for CANS super users as experts of CANS administration, scoring, and use in the development of service or recovery plans.

## MEASUREMENT PROPERTIES

### Reliability

Strong evidence from multiple reliability studies indicates that the CANS can be completed reliably by individuals working with children/youth and families. A number of individuals from different backgrounds have been trained and certified to use the CANS reliably including health and mental health providers, child welfare case workers, probation officers, and family advocates. With approved training, anyone can learn to complete the tool reliably, although some applications or more complex versions of the CANS require an educational degree or relevant experience. The average reliability of the CANS is 0.78 with vignettes across a sample of more than 80,000 trainees. The reliability is higher (0.84) with case records, and can be above 0.90 with live cases (Lyons, 2009). The CANS is auditable and audit reliabilities demonstrate that the CANS is reliable at the item level (Anderson et al., 2001). Training and certification with a reliability of at least 0.70 on a test case vignette is required for ethical use. In most jurisdictions, re-certification is annual. A full discussion on the reliability of the CANS assessment is found in Lyons (2009) *Communitimetrics: A Communication Theory of Measurement in Human Service Settings*.

### Validity

Studies have demonstrated the CANS' validity, or its ability to measure children/youth's and their caregiver's needs and strengths. In a sample of more than 1,700 cases in 15 different program types across New York State, the total scores on the relevant dimensions of the CANS-Mental Health retrospectively distinguished level of care (Lyons, 2004). The CANS assessment has also been used to distinguish needs of children in urban and rural settings (Anderson & Estle, 2001). In numerous jurisdictions, the CANS has been used to predict service utilization and costs, and to evaluate outcomes of clinical interventions and programs (Lyons, 2004; Lyons & Weiner, 2009; Lyons, 2009). Five independent research groups in four states have demonstrated the reliability and validity of decision support algorithms using the CANS (Chor, et al., 2012, 2013, 2014; Cordell, et al., 2016; Epstein, et al., 2015; Israel, et al., 2015; Lardner, 2015).

## RATING NEEDS & STRENGTHS

The CANS is easy to learn and is well liked by children, youth and families, providers and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to the child/youth and family.

- ★ Basic core items – grouped by domain – are rated for all individuals.
- ★ A rating of 1, 2 or 3 on key core questions triggers extension modules.
- ★ Individual assessment module questions provide additional information in a specific area.

Each CANS rating suggests different pathways for service planning. There are four levels of rating for each item with specific anchored definitions. These item level definitions, however, are designed to translate into the following action levels (separate for needs and strengths):

### Basic Design for Rating Needs

Rating	Level of Need	Appropriate Action
0	No evidence of need	No action needed
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment
2	Need interferes with functioning	Action/intervention required
3	Need is dangerous or disabling	Immediate action/Intensive action required

### Basic Design for Rating Strengths

Rating	Level of Strength	Appropriate Action
0	Centerpiece strength	Central to planning
1	Strength present	Useful in planning
2	Identified strength	Build or develop strength
3	No strength identified	Strength creation or identification may be indicated

The rating of 'NA' for 'not applicable' is available for a few items under specified circumstances (see reference guide descriptions). For those items where the 'NA' rating is available, it should be used only in the rare instances where an item does not apply to that particular child/youth.

To complete the CANS, a CANS trained and certified care coordinator, case worker, clinician, or other care provider should read the anchor descriptions for each item and then record the appropriate rating on the CANS form (or electronic record). This process should be done collaboratively with the child/youth, family and other stakeholders.

Remember that the item anchor descriptions are examples of circumstances which fit each rating ('0', '1', '2', or '3'). The descriptions, however, are not inclusive and the action level ratings should be the primary rating descriptions considered (see above). The rater must consider the basic meaning of each level to determine the appropriate rating on an item for an individual.

The CANS is an information integration tool, intended to include multiple sources of information (e.g., child/youth and family, referral source, treatment providers, school, and observation of the rater). As a strength-based approach, the CANS supports the belief that children, youth, and families have unique talents, skills, and life events, in addition to specific unmet needs. Strength-based approaches to assessment and service or treatment planning focus on collaborating with children/youth and their families to discover individual and family functioning and strengths. Failure to demonstrate a child/youth's skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on the child/youth's strengths instead of weaknesses with their families may result in enhanced motivation and improved performance. Involving the family and child/youth in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the CANS and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) support effective services for children, youth and families.

As a quality improvement activity, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the CANS assessment. A rating of '2' or '3' on a CANS need suggests that this area must be addressed in the service or treatment plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus of strength-building activities, when appropriate. It is important to remember that when developing service and treatment plans for healthy child and youth trajectories, balancing the plan to address risk behaviors/needs and protective factors/strengths is key. It has been demonstrated in the literature that strategies designed to develop child and youth capabilities are a promising means for development, and play a role in reducing risky behaviors.

Finally, the CANS can be used to monitor outcomes. This can be accomplished in two ways. First, CANS items that are initially rated a '2' or '3' are monitored over time to determine the percentage of individuals who move to a rating of '0' or '1' (resolved need, built strength). Dimension scores can also be generated by summing items within each of the domains (Behavioral/Emotional Needs, Risk Behaviors, Functioning, etc.). These scores can be compared over the course of treatment. CANS dimension/domain scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs.

The CANS is an open domain tool that is free for anyone to use with training and certification. There is a community of people who use the various versions of the CANS and share experiences, additional items, and supplementary tools.

## HOW IS THE CANS USED?

The CANS is used in many ways to transform the lives of children, youth, and their families and to improve our programs. Hopefully, this guide will help you to also use the CANS as a multi-purpose tool.

### IT IS AN ASSESSMENT STRATEGY

When initially meeting clients and their caregivers, this guide can be helpful in ensuring that all the information required is gathered. Most items include "Questions to Consider" which may be useful when asking about needs and strengths. These are not questions that must be asked, but are available as suggestions. Many clinicians have found this useful during initial sessions either in person or over the phone (if there are follow up sessions required) to get a full picture of needs before treatment or service planning and beginning therapy or other services.

## IT GUIDES CARE AND TREATMENT/SERVICE PLANNING

When an item on the CANS is rated a '2' or '3' ('action needed' or 'immediate action needed') we are indicating not only that it is a serious need for our client, but one that we are going to attempt to work on during the course of our treatment. As such, when you write your treatment plan, you should do your best to address any needs, impacts on functioning, or risk factors that you rate as a 2 or higher in that document.

## IT FACILITATES OUTCOMES MEASUREMENT

The CANS is often completed every 6 months to measure change and transformation. We work with children, youth, and families and their needs tend to change over time. Needs may change in response to many factors including quality clinical support provided. One way we determine how our supports are helping to alleviate suffering and restore functioning is by re-assessing needs, adjusting treatment or service plans, and tracking change.

## IT IS A COMMUNICATION TOOL

When a client leaves a treatment program, a closing CANS may be completed to define progress, measure ongoing needs and help us make continuity of care decisions. Doing a closing CANS, much like a discharge summary, integrated with CANS ratings, provides a picture of how much progress has been made, and allows for recommendations for future care which ties to current needs. And finally, it allows for a shared language to talk about our child/youth and creates opportunities for collaboration. It is our hope that this guide will help you to make the most out of the CANS and guide you in filling it out in an accurate way that helps you make good clinical decisions.

## CANS: A STRATEGY FOR CHANGE

The CANS is an excellent strategy in addressing children and youth's behavioral health care. As it is meant to be an outcome of an assessment, it can be used to organize and integrate the information gathered from clinical interviews, records reviews, and information from screening tools and other measures.

It is a good idea to know the CANS and use the domains and items to help with your assessment process and information gathering sessions/clinical interviews with the child/youth and family. This will not only help the organization of your interviews, but will make the interview more conversational if you are not reading from a form. A conversation is more likely to give you good information, so have a general idea of the items. The CANS domains can be a good way to think about capturing information. You can start your assessment with any of the sections—Life Domain Functioning or Behavioral/Emotional Needs, Risk Behaviors or Strengths, or Caregiver Resources & Needs—this is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, then they can better explain the needs. Trust your judgment, and when in doubt, always ask, "We can start by talking about what you feel that you and your child/youth need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?"

Some people may "take off" on a topic. Being familiar with the CANS items can help in having more natural conversations. So, if the family is talking about situations around the youth's anger control and then shift into something like---"you know, he only gets angry when he is in Mr. S's classroom," you can follow that and ask some questions about situational anger, and then explore other school-related issues.

## MAKING THE BEST USE OF THE CANS

Children and youth have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe the CANS and how it will be used. The description of the CANS should include teaching the child/youth and family about the needs and strengths rating scales, identifying the domains and items, as well as how the actionable items will be used in treatment or service planning. When possible, share with the child/youth and family the CANS domains and items (see the CANS Core Item list on page 13) and encourage the family to look over the items prior to your meeting with them. The best time to do this is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed CANS ratings should be reviewed with each family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

## LISTENING USING THE CANS

Listening is the most important skill that you bring to working with the CANS. Everyone has an individual style of listening. The better you are at listening, the better the information you will receive. Some things to keep in mind that make you a better listener and that will give you the best information:

- ★ **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief “yes,” “and”—things that encourage people to continue.
- ★ **Be nonjudgmental and avoid giving person advice.** You may find yourself thinking, “If I were this person, I would do x” or “That’s just like my situation, and I did x.” But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It’s not really about you.
- ★ **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person’s lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the child or youth that you are with them.
- ★ **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask “Does that make sense to you?” Or “Do you need me to explain that in another way?”
- ★ **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person’s unconscious motivations, personality, etc. The CANS is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; and (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying “Ok, it sounds like . . . is that right? Would you say that is something that you feel needs to be watched, or is help needed?”

## REDIRECT THE CONVERSATION TO PARENTS’/CAREGIVERS’ OWN FEELINGS AND OBSERVATIONS

Often, people will make comments about other people’s observations such as “Well, my mother thinks that his behavior is really obnoxious.” It is important to redirect people to talk about their observations: “So your mother feels that when he does x that is obnoxious. What do YOU think?” The CANS is a tool to organize all points of observation, but the parent or caregiver’s perspective can be the most critical. Once you have their perspective, you can then work on organizing and coalescing the other points of view.

## ACKNOWLEDGE FEELINGS

People will be talking about difficult things and it is important to acknowledge that. Simple acknowledgement such as “I hear you saying that it can be difficult when ...” demonstrates empathy.

## WRAPPING IT UP

At the end of the assessment, we recommend the use of two open-ended questions. These questions ask if there are any past experiences that people want to share that might be of benefit to planning for their young person, and if there is anything that they would like to add. This is a good time to see if there is anything “left over”—feelings or thoughts that they would like to share with you.

Take time to summarize with the individual and family those areas of strengths and of needs. Help them to get a “total picture” of the individual and family, and offer them the opportunity to change any ratings.

Take a few minutes to talk about what the next steps will be. Now you have information organized into a framework that moves into the next stage—planning.

So you might close with a statement such as: “OK, now the next step is a “brainstorm” where we take this information that we’ve organized and start writing a plan—it is now much clearer which needs must be met and what we can build on. So let’s start. . .”

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# CANS BASIC STRUCTURE

The Ohio Comprehensive Child and Adolescent Needs and Strengths core items are noted below. A rating of '1', '2', or '3' on the items noted in italics trigger the completion of specific Individualized Assessment Modules which are noted on page 14.

## CORE ITEMS

### Strengths Domain

Family Strengths  
Interpersonal  
Optimism  
Educational Setting  
Vocational  
Talents and Interests  
Spiritual/Religious  
Community Life  
Relationship Permanence  
Resilience  
Resourcefulness  
Cultural Identity  
Natural Supports  
Youth Involvement in Care

### Life Functioning Domain

Family Functioning  
Living Situation  
Social Functioning  
Recreational  
*Developmental/Intellectual [A]*  
Legal  
Medical/Physical  
Sexual Development  
Sleep  
School Attendance  
School Behavior  
School Achievement  
Decision Making  
Basic Activities of Daily Living

### Behavioral/Emotional Needs Domain

Psychosis (Thought Disorder)  
Impulsivity/Hyperactivity  
Attention/Concentration  
Depression  
Anxiety  
Oppositional Behavior  
Conduct (Antisocial Behavior)  
*Adjustment to Trauma [B]*  
Anger Control  
*Substance Use [C]*  
*Autism Spectrum [D]*

### Behavioral/Emotional Needs cont'd

Eating Disturbances  
Attachment Difficulties  
Behavioral Regressions  
Somatization

### Risk Behaviors Domain

Suicide Risk  
Non-Suicidal Self-Injurious Behavior  
Other Self-Harm (Recklessness)  
*Danger to Others [E]*  
*Delinquent Behavior [F]*  
*Runaway [G]*  
Intentional Misbehavior  
*Fire Setting [H]*  
*Victimization/Exploitation [I]*  
*Sexually Problematic Behavior [J]*

### Cultural Factors Domain

Language  
Traditions and Cultural Rituals  
Cultural Stress  
Cultural Diff. within the Family

### Potentially Traumatic/Adverse

#### Childhood Experiences

Sexual Abuse  
Physical Abuse  
Neglect  
Emotional Abuse  
Medical Trauma  
Natural or Manmade Disaster  
Witness to Family Violence  
Witness to Comm/School Violence  
War/Terrorism Affected  
Witness/Victim to Criminal Acts  
Parental Criminal Behavior  
Disrupt in Caregiving/Attach Losses

### Early Childhood Domain (Age 0-5)

*Challenges*  
Impulsivity/Hyperactivity  
Depression  
Anxiety

### Early Childhood Domain cont'd

Oppositional Behavior (36 mos+)  
Aggressive Behaviors (24 mos+)  
Attachment Difficulties  
Adjustment to Trauma  
Regulatory  
Atypical Behaviors  
Sleep (12 mos+)

#### Functioning

Family Functioning  
Early Education  
Social and Emotional Functioning  
Developmental/Intellectual  
Medical/Physical

#### Risk Behaviors & Factors

Self-Harm (12 mos+)  
Exploited  
Sexually Probl Behav (24 mos+)  
Prenatal Care  
Exposure  
Labor and Delivery  
Birth Weight  
Failure to Thrive

#### Strengths

Family Strengths  
Interpersonal  
Natural Supports  
Resiliency (Persistence & Adaptab.)  
Relationship Permanence  
Playfulness

### Transition Age Youth Domain (14+)

#### Behavioral/Emotional Needs

Interpersonal Problems

#### Functioning

*Independent Living Skills (K)*  
*Parental/Caregiving Roles (L)*  
*Job Functioning (M)*  
Medication Adherence  
Intimate Relationships  
Transportation  
Educational Attainment

[continues]

## Caregiver Resources & Needs

Supervision  
Involvement with Care  
Knowledge  
Organization  
Social Resources  
Residential Stability

Medical/Physical  
Mental Health  
Substance Use  
Developmental  
Safety  
Family Stress

Caregiver Post-traumatic Reactions  
Marital/Partner Viol. In the Home  
Family Relationship to the System  
Legal Involvement

## MODULES

### A. DEVELOPMENTAL NEEDS

Cognitive  
Developmental  
Communication  
Sensory  
Motor

### B. TRAUMATIC STRESS SYMPTOMS

Emot and/or Phys Dysregulation  
Intrusions/Re-experiencing  
Traumatic Grief  
Hyperarousal  
Avoidance  
Numbing  
Dissociation

### C. SUBSTANCE USE DISORDER

Severity of Use  
Duration of Use  
Stage of Recovery  
Peer Influences  
Parental/CG Influences  
Environmental Influences  
Recovery Support in Community  
Acute Intoxication  
Withdrawal History  
Withdrawal Risks  
Awareness of Relapse Triggers

### D. AUTISM SPECTRUM MODULE

Regulatory: Body Ctrl/Emotional Ctrl  
Repetitive Behaviors  
Restricted Interests  
Sensory Responsiveness

### E. DANGEROUSNESS/VIOLENCE

#### *Historical Factors*

History of Violence

#### *Emotional/Behavioral Risk*

Frustration Management  
Hostility  
Paranoid Thinking  
Secondary Gains from Anger

### E. DANGEROUSNESS/VIOLENCE cont'd

Violent Thinking  
*Resiliency Factors*  
Aware of Violence Potential  
Response to Consequences  
Commitment to Self-Control  
Treatment Involvement

### F. JUVENILE JUSTICE

History  
Seriousness  
Planning  
Community Safety  
Peer Influences  
Parental Criminal Behavior  
Environmental Influences  
Legal Compliance

### G. RUNAWAY

Frequency of Running  
Consistency of Destination  
Safety of Destination  
Involvement in Illegal Activities  
Likelihood of Return on Own  
Involvement with Others  
Realistic Expectations  
Planning

### H. FIRE SETTING

History  
Seriousness  
Planning  
Use of Accelerants  
Intention to Harm  
Community Safety  
Response to Accusation  
Remorse  
Likelihood of Future Fire Setting

### I. COMMERC. SEXUALLY EXPLOITED

Duration of Exploitation  
Age of Onset - Exploitation  
Perception of Dangerousness  
Knowledge of Exploitation

### I. COMMERC. SEXUALLY EXPL. cont'd

Trauma Bond  
Exploitation of Others  
Reproductive Health  
Arrests for Loitering/Solicitation  
Exploitation History

### J. SEXUALLY PROBLEM. BEHAVIOR

Hypersexuality  
High Risk Sexual Behavior  
Masturbation  
Sexually Reactive Behavior  
Sexual Aggression

### J1. SEXUALLY AGGRESSIVE BEHAV.

Physical Force/Threat  
Planning  
Age Differential  
Relationship  
Type of Sex Act  
Response to Accusation  
Temporal Consistency  
Hist. of Sexually Aggressive Behav.

### K. INDEP. ACTIVITIES OF DAILY LIVNG

Meal Preparation  
Shopping  
Housework  
Money Management  
Communication Device Use  
Housing Safety

### L. PARENTING/CAREGIVING

Knowledge of Needs  
Supervision  
Involvement with Care  
Organization  
Marital/Partner Viol. In the Home

### M. VOCATIONAL/CAREER

Career Aspirations  
Job Attendance  
Job Performance  
Job Relations

# STRENGTHS DOMAIN

This domain describes the assets of the child/youth that can be used to advance healthy development. It is important to remember that strengths are NOT the opposite of needs. Increasing a child/youth's strengths while also addressing their behavioral/emotional needs leads to better functioning, and better outcomes, than does focusing just on their needs. Identifying areas where strengths can be built is a significant element of service planning. In these items the 'best' assets and resources available to the child/youth are rated based on how accessible and useful those strengths are. These are the only items that use the Strength Rating Scale with action levels.

**Question to Consider for this Domain:** What child/youth strengths can be used to support a need?

For the **Strengths Domain**, the following categories and action levels are used:

- 0 Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.
- 1 Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
- 2 Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
- 3 An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

## FAMILY STRENGTHS

This item refers to the presence of a sense of family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with Family Functioning, the definition of family comes from the child/youth's perspective (i.e., who the child/youth describes as their family). If this information is not known, then we recommend a definition of family that includes biological/ adoptive relatives and their significant others with whom the child/youth is still in contact.

### Questions to Consider

- Does the child/ youth have good relationships with any family member?
- Is there potential to develop positive family relationships?
- Is there a family member that the child/youth can go to in time of need for support? That can advocate for the child/youth?

### Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.*  
Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the child/youth and is able to provide significant emotional or concrete support. Child/youth is fully included in family activities.
- 1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*  
Family has some good relationships and good communication. Family members are able to enjoy each other's company. There is at least one family member who has a strong, loving relationship with the child/youth and is able to provide limited emotional or concrete support. [continues]

## FAMILY STRENGTHS continued

- |   |   |
|---|---|
| 2 | <p><i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></p> <p>Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support.</p> |
| 3 | <p><i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>Family needs significant assistance in developing relationships and communications, or child/youth has no identified family. Child/youth is not included in normal family activities.</p>                                   |

## INTERPERSONAL

This item is used to identify a child/youth's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because a child/youth can have social skills but still struggle in their relationships at a particular point in time. This strength indicates an ability to make and maintain long-standing relationships.

### Questions to Consider

- Does the child/youth have the trait ability to make friends?
- Do you feel that the child/youth is pleasant and likable?
- Do adults or same age peers like the child/youth?

### Ratings and Descriptions

- |   |  |
|---|--|
| 0 | <p><i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i></p> <p>Significant interpersonal strengths. Child/youth has well-developed interpersonal skills and healthy friendships.</p>   |
| 1 | <p><i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i></p> <p>Child/youth has good interpersonal skills and has shown the ability to develop healthy friendships.</p>   |
| 2 | <p><i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></p> <p>Child/youth requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Child/youth has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.</p> |
| 3 | <p><i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>There is no evidence of observable interpersonal skills or healthy friendships at this time and/or child/youth requires significant help to learn to develop interpersonal skills and healthy friendships.</p>   |

## OPTIMISM

This item should be rated based on the child/youth's sense of self in their own future. This rates the child/youth's future orientation.

Ratings and Descriptions	
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>Does the child/youth have a generally positive outlook on things; have things to look forward to?</li><li>How does the child/youth see themselves in the future?</li><li>Is the child/youth forward looking/ sees themselves as likely to be successful?</li></ul>	<b>0</b> <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Child/youth has a strong and stable optimistic outlook for their future.
	<b>1</b> <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth is generally optimistic about their future.
	<b>2</b> <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth has difficulty maintaining a positive view of themselves and their life. Child/youth's outlook may vary from overly optimistic to overly pessimistic.
	<b>3</b> <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> There is no evidence of optimism at this time and/or child/youth has difficulties seeing positive aspects about themselves or their future.

## EDUCATIONAL SETTING

This item is used to evaluate the nature of the school's relationship with the child/youth and family, as well as the level of support the child/youth receives from the school. Rate according to how much the school is an effective partner in promoting the child/youth's functioning and addressing the child/youth's needs in school.

Ratings and Descriptions	
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>Is the school an active partner in the child/youth's education?</li><li>Does the child/youth like school?</li><li>Has there been at least one year in which the child/youth did well in school?</li><li>When has the child/youth been at their best in school?</li></ul>	<b>0</b> <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> The school works closely with the child/youth and family to identify and successfully address the child/youth's educational needs OR the child/youth excels in school.
	<b>1</b> <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> School works with the child/youth and family to address the child/youth's educational needs OR the child/youth likes school.
	<b>2</b> <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> The school is currently unable to adequately address the child/youth's academic or behavioral needs.
	<b>3</b> <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> There is no evidence of the school working to identify or successfully address the child/youth's needs at this time and/or the school is unable and/or unwilling to work to identify and address the child/youth's needs and/or there is no school to partner with at this time.

## VOCATIONAL

This item is used to refer to the strengths of the school/vocational environment and may or may not reflect any specific educational/work skills possessed by the youth.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Does the youth know what the youth wants to ‘be when they grow up?’</li><li>• Has the youth ever worked or is the youth developing prevocational skills?</li><li>• Does the youth have plans to go to college or vocational school, for a career?</li></ul>	<p>0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i></p> <p>Youth is employed and is involved with a work environment that appears to exceed expectations. Job is consistent with developmentally appropriate career aspirations.</p>
	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i></p> <p>Youth is working; however, the job is not consistent with developmentally appropriate career aspirations.</p>
	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></p> <p>Youth is temporarily unemployed. A history of consistent employment should be demonstrated and the potential for future employment without the need for vocational rehabilitation should be evidenced. This also may indicate a youth with a clear vocational preference.</p>
	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>Youth is unemployed and has no clear vocational aspirations or a plan to achieve these aspirations. This level indicates a youth with no known or identifiable vocational skill and no expression of any future vocational preferences</p>

## TALENTS AND INTERESTS

This item refers to hobbies, skills, artistic interests, and talents that are positive ways that young people can spend their time, and also give them pleasure and a positive sense of self.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• What does the child/youth do with free time?</li><li>• What does the child/youth enjoy doing?</li><li>• Is the child/youth engaged in any pro-social activities?</li><li>• What are the things that the child/youth does particularly well?</li></ul>	<p>0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i></p> <p>Child/youth has a talent that provides pleasure and/or self-esteem. A child/youth with significant creative/artistic/athletic strengths would be rated here.</p>
	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i></p> <p>Child/youth has a talent, interest, or hobby that has the potential to provide pleasure and self-esteem. This level indicates a child/youth with a notable talent. For example, a child/youth who is involved in athletics or plays a musical instrument would be rated here.</p>
	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></p> <p>Child/youth has expressed interest in developing a specific talent, interest or hobby even if that talent has not been developed to date, or whether it would provide them with any benefit.</p>
	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>There is no evidence of identified talents, interests or hobbies at this time and/or child/youth requires significant assistance to identify and develop talents and interests.</p>

## SPIRITUAL/RELIGIOUS

This item refers to the child/youth's experience of receiving comfort and support from religious or spiritual involvement. This item rates the presence of beliefs that could be useful to the child/youth; however, an absence of spiritual/religious beliefs does not represent a need for the family.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>Does the child/youth have spiritual beliefs that provide comfort?</li><li>Is the family involved with any religious community? Is the child/youth involved?</li><li>Is child/youth interested in exploring spirituality?</li></ul>	<p>0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i></p> <p>Child/youth is involved in and receives comfort and support from spiritual and/or religious beliefs, practices and/or community. Child/youth may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort the child/youth in difficult times.</p> <hr/> <p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i></p> <p>Child/youth is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or community.</p> <hr/> <p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></p> <p>Child/youth has expressed some interest in spiritual or religious belief and practices.</p> <hr/> <p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>There is no evidence of identified spiritual or religious beliefs, nor does the child/youth show any interest in these pursuits at this time.</p>



## COMMUNITY LIFE

This item reflects the child/youth's connection to people, places or institutions in their community. This connection is measured by the degree to which the child/youth is involved with institutions of that community which might include (but are not limited to) community centers, little league teams, jobs, after-school activities, religious groups, etc. Connections through specific people (e.g., friends and family) could be considered an important community connection, if many people who are important to the child/youth live in the same neighborhood.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Does the child/youth feel like they are part of a community?</li> <li>Are there activities that the child/youth does in the community?</li> </ul>	<p>0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i></p> <p>Child/youth is well integrated into their community. The child/youth is a member of community organizations and has positive ties to the community. For example, individual may be a member of a community group (e.g. Girl or Boy Scouts) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.</p>
	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i></p> <p>Child/youth is somewhat involved with their community. This level can also indicate a child/youth with significant community ties although they may be relatively short term.</p>
	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></p> <p>Child/youth has an identified community but has only limited, or unhealthy, ties to that community.</p>
	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>There is no evidence of an identified community of which child/youth is a member at this time.</p>

## RELATIONSHIP PERMANENCE

This item refers to the stability of significant relationships in the child/youth's life. This likely includes family members but may also include other individuals.

	Ratings and Descriptions
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• Does the child/youth have relationships with adults that have lasted their lifetime?</li><li>• Is the child/youth in contact with both parents?</li><li>• Are there relatives in the child/youth's life with whom the child/youth has had long-lasting relationships?</li></ul>	<b>0</b> <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i> Child/youth has very stable relationships. Family members, friends, and community have been stable for most of the child/youth's life and are likely to remain so in the foreseeable future. Child/youth is involved with both parents.
	<b>1</b> <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.
	<b>2</b> <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth has had at least one stable relationship over the child/youth's lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
	<b>3</b> <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child/youth does not have any stability in relationships. Independent living or adoption must be considered.

## RESILIENCE

This item refers to the child/youth's ability to recognize their internal strengths and use them in managing daily life.

	Ratings and Descriptions
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• What does the child/youth do well?</li><li>• Is the child/youth able to recognize their skills as strengths?</li><li>• Is the child/youth able to use their strengths to problem solve and address difficulties or challenges?</li></ul>	<b>0</b> <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i> Child/youth is able to both identify and use strengths to better themselves and successfully manage difficult challenges.
	<b>1</b> <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth is able to identify most of their strengths and is able to partially utilize them.
	<b>2</b> <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth is able to identify strengths but is not able to utilize them effectively.
	<b>3</b> <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child/youth is not yet able to identify personal strengths.

## RESOURCEFULNESS

This item refers to the child/youth's ability to identify and use external/environmental strengths in managing daily life.

Ratings and Descriptions	
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>Does the child/youth have external or environmental strengths?</li><li>Does the child/youth use their external or environmental strengths to aid in their well-being?</li></ul>	<b>0</b> <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i> Child/youth is quite skilled at finding the necessary resources required to aid them in managing challenges.
	<b>1</b> <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth has some skills at finding necessary resources required to aid them in a healthy lifestyle but sometimes requires assistance at identifying or accessing these resources.
	<b>2</b> <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth has limited skills at finding necessary resources required to aid in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.
	<b>3</b> <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child/youth has no skills at finding the necessary resources to aid in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources.

## CULTURAL IDENTITY

Cultural identity refers to the child/youth's view of self as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography, sexual orientation, gender identity and expression (SOGIE).

Ratings and Descriptions	
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>Does the child/youth identify with any racial/ethnic/cultural group?</li><li>Does the child/youth find this group a source of support?</li></ul>	<b>0</b> <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i> The child/youth has defined a cultural identity and is connected to others who support the child/youth's cultural identity.
	<b>1</b> <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> The child/youth is developing a cultural identity and is seeking others to support the child/youth's cultural identity.
	<b>2</b> <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> The child/youth is searching for a cultural identity and has not connected with others.
	<b>3</b> <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> The child/youth does not express a cultural identity.

## NATURAL SUPPORTS

This item refers to unpaid helpers in the child/youth's natural environment. These include individuals who provide social support to the target child/youth and family. All family members and paid caregivers are excluded.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>Who does the child/youth consider to be a support?</li><li>Does the child/youth have non-family members in the child/youth's life that are positive influences?</li></ul>	<p>0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i></p> <p>Child/youth has significant natural supports that contribute to helping support the child/youth's healthy development.</p>
	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i></p> <p>Child/youth has identified natural supports that provide some assistance in supporting the child/youth's healthy development.</p>
	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></p> <p>Child/youth has some identified natural supports, however, these supports are not actively contributing to the child/youth's healthy development.</p>
	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>Child/youth has no known natural supports (outside of family and paid caregivers).</p>

## YOUTH INVOLVEMENT IN CARE

This item refers to the child/youth's participation in efforts to address their identified needs.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>Is the child/youth aware of their needs and strengths?</li><li>How does child/youth understand their needs and challenges?</li><li>Does the child/youth attend sessions willingly and participate fully?</li></ul>	<p>0 <i>Well-developed centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i></p> <p>Child/youth is knowledgeable of needs and helps direct planning to address them.</p>
	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i></p> <p>Child/youth is knowledgeable of needs and participates in planning to address them.</p>
	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></p> <p>Child/youth is at least somewhat knowledgeable of needs but is not willing to participate in plans to address them.</p>
	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>Child/youth is neither knowledgeable about needs nor willing to participate in any process to address them.</p>

# LIFE FUNCTIONING DOMAIN

Life domains are the different arenas of social interaction found in the lives of children, youth, and their families. This domain rates how they are functioning in the individual, family, peer, school, and community realms. This section is rated using the needs scale and therefore will highlight any struggles the individual and family are experiencing.

**Question to Consider for this Domain:** How is the child/youth functioning in individual, family, peer, school, and community realms?

For the **Life Functioning Domain**, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

## FAMILY FUNCTIONING

This item rates the child/youth's relationships with those who are in their family. It is recommended that the description of family should come from the child/youth's perspective (i.e. who the child/youth describes as their family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the child/youth is still in contact. Foster families should only be considered if they have made a significant commitment to the child/youth. For children/youth involved with child welfare, family refers to the person(s) fulfilling the permanency plan. When rating this item, take into account the relationship the child/youth has with their family as well as the relationship of the family as a whole.

	Ratings and Descriptions
<b>Questions to Consider</b> <ul style="list-style-type: none"> <li>Is there conflict in the family relationship that requires resolution?</li> <li>Is treatment required to restore or develop positive relationship in the family?</li> </ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of problems in relationships with family members, and/or child/youth is doing well in relationships with family members.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of problems. Child/youth might be doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with child/youth. Arguing may be common but does not result in major problems.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth is having problems with parents, siblings and/or other family members that are impacting the child/youth's functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, absence of any positive relationships, etc.</p>

## LIVING SITUATION

This item refers to how the child/youth is functioning in the child/youth's current living arrangement, which could be with a relative, in a foster home, etc. This item should exclude respite, brief detention/jail, and brief medical and psychiatric hospitalization.

Questions to Consider	Ratings and Descriptions	
	0	<i>No evidence of any needs; no need for action.</i> No evidence of problem with functioning in current living environment. Child/youth and caregivers feel comfortable dealing with issues that come up in day-to-day life.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth experiences mild problems with functioning in current living situation. Caregivers express some concern about child/youth's behavior in living situation, and/or child/youth and caregiver have some difficulty dealing with issues that arise in daily life.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth has moderate to severe problems with functioning in current living situation. Child/youth's difficulties in maintaining appropriate behavior in this setting are creating significant problems for others in the residence. Child/youth and caregivers have difficulty interacting effectively with each other much of the time.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth has profound problems with functioning in current living situation. Child/youth is at immediate risk of being unable to remain in present living situation due to problematic behaviors.

## SOCIAL FUNCTIONING

This item rates social skills and relationships. It includes age appropriate behavior and the ability to make and sustain relationships. Social functioning is different from Interpersonal (Strengths) in that functioning is a description of how the child/youth is doing currently. Strengths are longer-term assets.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>Is the child/youth pleasant and likeable?</li><li>Do same age peers like the child/youth?</li><li>Do you feel that the child/youth can act appropriately in social settings?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> No evidence of problems and/or child/youth has developmentally appropriate social functioning.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or suspicion of problems in social relationships. Child/youth is having some difficulty interacting with others and building and/or maintaining relationships.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth is having some problems with social relationships that interfere with functioning in other life domains.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is experiencing significant disruptions in social relationships. Child/youth may have no friends or have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the child/youth's social relationships presents imminent danger to the child/youth's safety, health, and/or development.

## RECREATIONAL

This item rates the child/youth's access to and use of leisure activities.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>Does the child/youth have things that they like to do with free time?</li><li>Do these activities give the child/youth pleasure?</li><li>Are they a positive use of the child/youth's free time?</li><li>Does the child/youth often claim to be bored or have nothing to do?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> No evidence of any problems with recreational functioning. Child/youth has access to sufficient activities that the child/youth enjoys.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth is doing adequately with recreational activities although some problems may exist.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth is having moderate problems with recreational activities. Child/youth may experience some problems with effective use of leisure time.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth has no access to or interest in recreational activities. Child/youth has significant difficulties making use of leisure time.

**DEVELOPMENTAL/INTELLECTUAL\***

This item describes the child/youth's development as compared to standard developmental milestones, as well as rates the presence of any developmental (motor, social and speech) or intellectual disabilities. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders. Rate the item depending on the significance of the disability and the related level of impairment in personal, social, family, school, or occupational functioning.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Does the child/youth's growth and development seem healthy?</li> <li>Has the child/youth reached appropriate developmental milestones (such as walking, talking)?</li> <li>Has anyone ever mentioned that the child/youth may have developmental problems?</li> <li>Has the child/youth developed like other same age peers?</li> </ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of developmental delay and/or child/youth has no developmental problems or intellectual disability.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There are concerns about possible developmental delay. Child/youth may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning are indicated.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.</p>

**\*A rating of '1', '2' or '3' on this item triggers the completion of the [A] Developmental Needs Module.**

## [A] DEVELOPMENTAL NEEDS MODULE

**COGNITIVE**

This item rates the child/youth's IQ and cognitive functioning.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Has the child/youth been tested for or diagnosed with a learning disability?</li> <li>Does the child/youth have an intellectual disability or delay?</li> </ul>	<p>0 Child/youth's intellectual functioning appears to be in normal range. There is no reason to believe that the child/youth has any problems with intellectual functioning.</p>
	<p>1 Child/youth has low IQ (70 to 85) or has identified learning challenges.</p>
	<p>2 Child/youth has mild intellectual disability. IQ is between 55 and 70.</p>
	<p>3 Child/youth has moderate to profound intellectual disability. IQ is less than 55.</p>



**DEVELOPMENTAL**

This item rates the level of developmental delay/disorders that are present.

**Questions to Consider**

- Is the child/youth progressing developmentally in a way similar to peers of the same age?
- Has the child/youth been diagnosed with a developmental disorder?

**Ratings and Descriptions**

- 0 Child/youth's development appears within normal range. There is no reason to believe that the child/youth has any developmental problems.
- 1 Evidence of a mild developmental delay.
- 2 Evidence of a pervasive developmental disorder including Autism Spectrum Disorder, Tourette's, Down's Syndrome or other significant developmental delay.
- 3 Severe developmental disorder.

**COMMUNICATION**

This item rates the child/youth's ability to communicate with others via expression and reception.

**Questions to Consider**

- Do others understand the child/youth when they are trying to communicate? Does the child/youth understand others who are trying to communicate with them?
- Has the child/youth ever been diagnosed with a communication disorder?

**Ratings and Descriptions**

- 0 Child/youth's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child/youth has any problems communicating.
- 1 Child/youth has receptive communication skills but limited expressive communication skills.
- 2 Child/youth has both limited receptive and expressive communication skills.
- 3 Child/youth is unable to communicate.

**SENSORY**

This item describes the child's ability to use all senses including vision, hearing, smell, touch, taste and kinesthetic.

**Questions to Consider**

- Are there any ways in which the child/youth's senses appear different from other children?
- How would you describe the child/youth's vision, hearing, smell, touch, taste, and kinesthetic senses?

**Ratings and Descriptions**

- 0 Child/youth's sensory functioning appears normal. There is no reason to believe that the child has any problems with sensory functioning.
- 1 Child/youth has impairment on a single sense (e.g., mild hearing deficits, correctable vision problems).
- 2 Child/youth has impairment that impairs their functioning in at least one life domain, e.g., moderate impairment on a single sense or mild impairment on multiple senses (e.g., difficulties with sensory integration, diagnosed need for occupational therapy).
- 3 Child/youth has significant impairment in one or more senses (e.g., profound hearing or vision loss) that could be dangerous or debilitating without intervention.

**MOTOR**

This item describes the child's fine (e.g., hand grasping and manipulation) and gross (e.g., sitting, standing, walking) motor functioning.

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>Do any of the child's motor skills concern you or others?</li> <li>Do you see any ways in which the child's fine or gross motor development differs from other children?</li> </ul>	<p>Ratings and Descriptions</p> <p>0 The child/youth's development of fine and gross motor functioning appears normal. There is no reason to believe that child has any problems with motor development.</p> <hr/> <p>1 Child has mild fine (e.g., using scissors) or gross motor skill deficits. Child has exhibited delayed sitting, standing, or walking, but has since reached those milestones.</p> <hr/> <p>2 Child has moderate motor deficits. A non-ambulatory child with fine motor skills (e.g., reaching, grasping) or an ambulatory child with severe fine motor deficits would be rated here.</p> <hr/> <p>3 Child has severe or profound motor deficits. A non-ambulatory child with additional movement deficits would be rated here, as would any child older than 6 months who cannot lift their head.</p>
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### End of Developmental Needs Module

**LEGAL**

This item indicates the child/youth's level of involvement with the juvenile justice system. Family involvement with the courts is not rated here—only the identified individual's involvement is relevant to this rating.

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>Has the child/youth ever admitted to breaking the law?</li> <li>Has the child/youth ever been arrested?</li> <li>Has the child/youth ever been in detention?</li> </ul>	<p>Ratings and Descriptions</p> <p>0 <i>No evidence of any needs; no need for action.</i> Child/youth has no known legal difficulties or involvement with the court system.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth has a history of legal problems (e.g., status offenses such as juvenile/family conflict, in-county runaway, truancy, petty offenses) but currently is not involved with the legal system; or immediate risk of involvement with the legal system.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth has some legal problems and is currently involved in the legal system due to moderate delinquent behaviors (misdemeanors such as offenses against persons or property, drug-related offenses, underage drinking).</p> <hr/> <p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth has serious current or pending legal difficulties that place them at risk for a court ordered out-of-home-placement, or incarceration (ages 18 to 21) such as serious offenses against persons or property (e.g., robbery, aggravated assault, possession with intent to distribute controlled substances, 1st or 2nd degree offenses).</p>
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## MEDICAL/PHYSICAL

This item describes both health problems and chronic/acute physical conditions or impediments.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>Does the child/youth have anything that limits their physical activities?</li><li>How much does this interfere with the child/youth's life?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> No evidence that the child/youth has any medical or physical problems, and/or they are healthy.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth has <i>serious</i> medical or physical problems that require medical treatment or intervention. Or child/youth has a <i>chronic</i> illness or a physical challenge that requires <i>ongoing</i> medical intervention.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth has <i>life-threatening</i> illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to child/youth's safety, health, and/or development.

## SEXUAL DEVELOPMENT

This item looks at broad issues of sexual development including developmentally inappropriate sexual behavior or sexual concerns, and the reactions of others to any of these factors. The child/youth's sexual orientation, gender identity and expression (SOGIE) could be rated here only if they are leading to difficulties. Sexually abusive behaviors are rated elsewhere.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>Are there concerns about the child/youth's healthy sexual development?</li><li>Is the child/youth sexually active?</li><li>Does the child/youth have less/more interest in sex than other same age peers?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> No evidence of issues with sexual development.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of problems with sexual development, but does not interfere with functioning in other life domains. May include the child/youth's concerns about sexual orientation, gender identity and expression (SOGIE), or anxiety about the reaction of others.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Moderate to serious problems with sexual development that interfere with the child/youth's life functioning in other life domains.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Severe problems with sexual development. This would include very frequent risky sexual behavior or victim of sexual exploitation.

## SLEEP

This item rates the child/youth's sleep patterns. This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep as well as sleeping too much. Both bedwetting and nightmares should be considered sleep issues.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>Does the child/youth appear rested?</li><li>Is the child/youth often sleepy during the day?</li><li>Does the child/youth have frequent nightmares or difficulty sleeping?</li><li>How many hours does the child/youth sleep each night?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> Child/youth gets a full night's sleep each night and feels rested.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth has some problems sleeping. Generally, child/youth gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or having nightmares. Sleep is not restful for the child/youth.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth is having problems with sleep. Sleep is often disrupted and child/youth seldom obtains a full night of sleep and doesn't feel rested. Difficulties in sleep are interfering with their functioning in at least one area of their life.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is generally sleep deprived. Sleeping is almost always difficult and the child/youth is not able to get a full night's sleep and does not feel rested. Child/youth's sleep deprivation is dangerous and places them at risk.

## SCHOOL ATTENDANCE

This item rates issues of attendance. If school is not in session, rate the last 30 days when school was in session.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>Does the child/youth have any difficulty attending school?</li><li>Is the child/youth on time to school?</li><li>How many times a week is the child/youth absent?</li><li>Once the child/youth arrives at school, does the child/youth stay for the rest of the day?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> Child/youth attends school regularly.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth has a history of attendance problems, OR child/youth has some attendance problems but generally goes to school.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth's problems with school attendance are interfering with academic progress.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is generally absent from school.

## SCHOOL BEHAVIOR

This item rates the behavior of the child/youth in school or school-like settings.

Questions to Consider	Ratings and Descriptions	
	0	<i>No evidence of any needs; no need for action.</i> No evidence of behavioral problems at school, OR child/youth is behaving well in school.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth is behaving adequately in school although some behavior problems exist. Behavior problems may be related to relationship with either teachers or peers.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth's behavior problems are interfering with functioning at school. The child/youth is disruptive and may have received sanctions including suspensions.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is having severe problems with behavior in school. The child/youth is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

## SCHOOL ACHIEVEMENT

This item rates the child/youth's grades or level of academic achievement.

Questions to Consider	Ratings and Descriptions	
	0	<i>No evidence of any needs; no need for action.</i> No evidence of issues in school achievement and/or child/youth is doing well in school.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth is doing adequately in school although some problems with achievement exist.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth is having moderate problems with school achievement. The child/youth may be failing some subjects.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is having severe achievement problems. The child/youth may be failing most subjects or has been retained (held back) a grade level. Child/youth might be more than one year behind same-age peers in school achievement.

## DECISION MAKING

This item describes the child/youth's age-appropriate decision making process and understanding of choices and consequences.

Questions to Consider	Ratings and Descriptions	
	0	<i>No evidence of any needs; no need for action.</i> No evidence of problems with judgment or decision making that result in harm to development and/or well-being.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or suspicion of problems with judgment in which the child/youth makes decisions that are in some way harmful to their development and/or well-being.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Problems with judgment in which the child/youth makes decisions that are in some way harmful to their development and/or well-being. As a result, more supervision is required than expected for their age.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth makes decisions that would likely result in significant physical harm to self or others. Therefore, child/youth requires intense and constant supervision, over and above that expected for child/youth's age.

## BASIC ACTIVITIES OF DAILY LIVING

This item aims to describe the child/youth's ability and motivation to engage in developmentally appropriate self-tasks such as eating, bathing, dressing, toileting, and other such tasks related to keeping up with one's personal hygiene.

Questions to Consider	Ratings and Descriptions	
	0	<i>No evidence of any needs; no need for action.</i> Child/youth's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the individual has any problems performing the basic activities of daily living.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth requires verbal prompting on self-care tasks or daily living skills, or individual is able to use adaptations and supports to complete self-care.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g., eating bathing, dressing, toileting).
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth requires attendant care on more than one of the self-care tasks (e.g., eating, bathing, dressing, and toileting).

# BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

This section identifies the behavioral health needs of the child/youth. While the CANS is not a diagnostic tool, it is designed to be consistent with diagnostic communication. In the DSM, a diagnosis is defined by a set of symptoms that is associated with either dysfunction or distress. This is consistent with the ratings of '2' or '3' as described by the action levels below.

**Question to Consider for this Domain:** What are the presenting social, emotional, and behavioral needs of the child/youth?

For the **Behavioral/Emotional Needs Domain**, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

## PSYCHOSIS (THOUGHT DISORDER)

This item rates the symptoms of psychiatric disorders with a known neurological base, including schizophrenia spectrum and other psychotic disorders. The common symptoms of these disorders include hallucinations (i.e. experiencing things others do not experience), delusions (i.e. a false belief or an incorrect inference about reality that is firmly sustained despite the fact that nearly everybody thinks the belief is false or proof exists of its inaccuracy), disorganized thinking, and bizarre/idiosyncratic behavior.

### Questions to Consider

- Does the child/youth exhibit behaviors that are unusual or difficult to understand?
- Does the child/youth engage in certain actions repeatedly?
- Are the unusual behaviors or repeated actions interfering with the child/youth's functioning?

### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence of psychotic symptoms. Both thought processes and content are within normal range.
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
Evidence of disruption in thought processes or content. Child/youth may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes a child/youth with a history of hallucinations but none currently. Use this category for children/youth who are below the threshold for one of the DSM diagnoses listed above.
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Evidence of disturbance in thought process or content that may be impairing the child/youth's functioning in at least one life domain. Child/youth may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical. [continues]

## PSYCHOSIS (THOUGHT DISORDER) continued

- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the child/youth or others at risk of physical harm.

## IMPULSIVITY/HYPERACTIVITY

Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here. This includes behavioral symptoms associated with Attention Deficit Hyperactivity Disorder (ADHD) and Impulse-Control Disorders as indicated in the DSM-5. Children/youth with impulse problems tend to engage in behavior without thinking, regardless of the consequences. This can include compulsions to engage in gambling, violent behavior (e.g., road rage), sexual behavior, fire-starting or stealing.

### Questions to Consider

- Is the child/youth unable to sit still for any length of time?
- Does the child/youth have trouble paying attention for more than a few minutes?
- Is the child/youth able to control their behavior, talking?

### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence of symptoms of loss of control of behavior.
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
There is a history or evidence of mild levels of impulsivity evident in action or thought that place the child/youth at risk of future functioning difficulties. The child/youth may exhibit limited impulse control, e.g., child/youth may yell out answers to questions or may have difficulty waiting one's turn. Some motor difficulties may be present as well, such as pushing or shoving others.
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child/youth's functioning in at least one life domain. This indicates a child/youth with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, etc.). A child/youth who often intrudes on others and often exhibits aggressive impulses would be rated here.
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the child/youth at risk of physical harm. This indicates a child/youth with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding). The child/youth may be impulsive on a nearly continuous basis. The child/youth endangers self or others without thinking.



## ATTENTION/CONCENTRATION

Problems with attention, concentration and task completion would be rated here. These may include symptoms that are part of a diagnosis of Attention-Deficit Hyperactivity Disorder (ADHD). Inattention/distractibility not related to opposition would be rated here.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Does the child/youth have challenges with attention or concentration that is beyond what one would expect given their age?</li><li>• Do the challenges with attention and concentration impact the child/youth's daily functioning? Home life? School?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i></p> <p>No evidence of attention or concentration problems. Child stays on task in an age-appropriate manner.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i></p> <p>History or suspicion of problems with attention/concentration or some current problems with attention and concentration. Child/youth may have some difficulties staying on task for an age-appropriate time period on school or play. Difficulties with attention/concentration do not impact the child/youth's functioning.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>In addition to problems with sustained attention, child/youth may become easily distracted or forgetful in daily activities, have trouble following through on activities, and become reluctant to engage in activities that require sustained effort. A child/youth who meets diagnostic criteria for ADHD would be rated here.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Child/youth's attention or concentration challenges are dangerous or disabling in several areas of their life. A child with profound symptoms of ADHD or significant attention difficulties related to another diagnosis would be rated here.</p>

## DEPRESSION

This item rates symptoms such as irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation, interest or pleasure in daily activities. This item can be used to rate symptoms of the depressive disorders as specified in DSM-5.

	Ratings and Descriptions
Questions to Consider <ul data-bbox="186 783 446 1136" style="list-style-type: none"><li>• Is child/youth concerned about possible depression or chronic low mood and irritability?</li><li>• Has the child/youth withdrawn from normal activities?</li><li>• Does the child/youth seem lonely or not interested in others?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of problems with depression.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of depression or evidence of depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to pervasive avoidance behavior.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child/youth's ability to function in at least one life domain.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of disabling level of depression that makes it virtually impossible for the child/youth to function in any life domain. This rating is given to a child/youth with a severe level of depression. This would include a child/youth who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be rated here.</p>

## ANXIETY

This item rates symptoms associated with DSM-5 Anxiety Disorders characterized by excessive fear and anxiety and related behavioral disturbances (including avoidance behaviors). Panic attacks can be a prominent type of fear response.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>Does the child/youth have any problems with anxiety or fearfulness?</li><li>Is the child/youth avoiding normal activities out of fear?</li><li>Does the child/youth act frightened or afraid?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> No evidence of anxiety symptoms.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history, suspicion, or evidence of mild anxiety associated with a recent negative life event. This level is used to rate either a mild phobia or anxiety problem that is not yet causing the child/youth significant distress or markedly impairing functioning in any important context.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the child/youth's ability to function in at least one life domain.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child/youth to function in any life domain.

## OPPOSITIONAL BEHAVIOR

This item rates the child/youth's relationship with authority figures. Generally oppositional behavior is displayed in response to conditions set by a parent, teacher or other authority figure with responsibility for and control over the child/youth.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>Does the child/youth follow their caregivers' rules?</li><li>Have teachers or other adults reported that the child/youth does not follow rules or directions?</li><li>Does the child/youth argue with adults when they try to get the child/youth to do something?</li><li>Does the child/youth do things that they have been explicitly told not to do?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> No evidence of oppositional behaviors.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Child/youth may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the child/youth's functioning in at least one life domain. Behavior causes emotional harm to others. A child/youth whose behavior meets the criteria for Oppositional Defiant Disorder in DSM-5 would be rated here.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the child/youth has severe problems with compliance with rules or adult instruction or authority.

## CONDUCT (ANTISOCIAL BEHAVIOR)

This item rates the degree to which a child/youth engages in behavior that is consistent with the presence of a Conduct Disorder.

### Questions to Consider

- Is the child/youth seen as dishonest? How does the child/youth handle telling the truth/lies?
- Has the child/youth been part of any criminal behavior?
- Has the child/youth ever shown violent or threatening behavior towards others?
- Has the child/youth ever tortured animals?
- Does the child/youth disregard or is unconcerned about the feelings of others (lack empathy)?

### Ratings and Descriptions

- |   |  |
|---|--|
| 0 | <i>No evidence of any needs; no need for action.</i><br>No evidence of serious violations of others or laws.   |
| 1 | <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i><br>There is a history, suspicion or evidence of some problems associated with antisocial behavior including but not limited to lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property or animals. The child/youth may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex and community. |
| 2 | <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i><br>Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. A child/youth rated at this level will likely meet criteria for a diagnosis of Conduct Disorder.  |
| 3 | <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i><br>Evidence of a severe level of aggressive or antisocial behavior, as described above, that places the child/youth or community at significant risk of physical harm due to these behaviors. This could include frequent episodes of unprovoked, planned aggressive or other antisocial behavior.  |

### ADJUSTMENT TO TRAUMA\*

This item is used to describe the child/youth who is having difficulties adjusting to a traumatic experience, as defined by the child/youth. This is one item where speculation about why a person is displaying a certain behavior is considered. There should be an inferred link between the trauma and behavior.

	Ratings and Descriptions
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• What was the child/youth's trauma?</li><li>• How is it connected to the current issue(s)?</li><li>• What are the child/youth's coping skills?</li><li>• Who is supporting the child/youth?</li></ul>	<b>0</b> <i>No evidence of any needs; no need for action.</i> No evidence that child/youth has experienced a traumatic life event, OR child/youth has adjusted well to traumatic/adverse experiences.
	<b>1</b> <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> The child/youth has experienced a traumatic event and there are some changes in their behavior that are managed or supported by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Child/youth may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.
	<b>2</b> <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with child/youth's functioning in at least one life domain.
	<b>3</b> <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child/youth to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD).

**\* A rating of '1', '2' or '3' on this item triggers the completion of the [B] Traumatic Stress Symptoms Module.**

## [B] TRAUMATIC STRESS SYMPTOMS MODULE

Rate the following items within the last 30 days.

### EMOTIONAL AND/OR PHYSICAL DYSREGULATION

This item describes the child/youth's difficulties with arousal regulation or expressing emotions and energy states.

#### Questions to Consider

- Does the child/youth have reactions that seem out of proportion to the situation?
- Does the child/youth have extreme or unchecked emotional reactions to situations?

#### Ratings and Descriptions

- 0 Child/youth has no difficulties regulating emotional or physiological responses. Emotional responses and energy level are appropriate to the situation.
- 1 History or evidence of difficulties with affect/physiological regulation. The child/youth could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general or have some difficulties with regulating body functions (e.g. sleeping, eating or elimination). The child/youth may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.
- 2 Child/youth has problems with affect/physiological regulation that are impacting their functioning in some life domains, but is able to control affect at times. The child/youth may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. Child/youth may exhibit marked shifts in emotional responses (e.g. from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g. normally restricted affect punctuated by outbursts of anger or sadness). The child/youth may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or affective or physiological over-arousal or reactivity (e.g. silly behavior, loose active limbs) or under-arousal (e.g. lack of movement and facial expressions, slowed walking and talking).
- 3 Child/youth is unable to regulate affect and/or physiological responses. The child/youth may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states). The child/youth may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, the child/youth may be characterized by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (i.e. emotionally "shut down"). The child/youth may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns, or have elimination problems.

### **INTRUSIONS/RE-EXPERIENCING**

This item describes intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences.

#### Questions to Consider

- Does the child/youth experience intrusions?
- If so, when and how often do they occur?

#### Ratings and Descriptions

- 0 There is no evidence that child/youth experiences intrusive thoughts of trauma.
- 1 History or evidence of some intrusive thoughts of trauma but it does not affect the child/youth's functioning. A child/youth with some problems with intrusive, distressing memories, including occasional nightmares about traumatic events, would be rated here.
- 2 Child/youth has difficulties with intrusive symptoms/distressing memories, intrusive thoughts that interfere in their ability to function in some life domains. For example, the child/youth may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. The child/youth may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions to exposure to traumatic cues.
- 3 Child/youth has repeated and/or severe intrusive symptoms/distressing memories that are debilitating. This child/youth may exhibit trauma-specific reenactments that include sexually or physically traumatizing other children or sexual play with adults. This child/youth may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for them to function.

### **TRAUMATIC GRIEF & SEPARATION**

This item describes the level of traumatic grief the child/youth is experiencing due to death or loss/separation from significant caregivers, siblings, or other significant figures.

#### Questions to Consider

- Is the trauma reaction of the child/youth based on a grief/loss experience?
- How much does the child/youth's reaction to the loss impact functioning?

#### Ratings and Descriptions

- 0 There is no evidence that the child/youth is experiencing traumatic grief or separation from the loss of significant caregivers. Either the child/youth has not experienced a traumatic loss (e.g., death of a loved one) or the child/youth has adjusted well to separation.
- 1 Child/youth is experiencing traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation. History of traumatic grief symptoms would be rated here.
- 2 Child/youth is experiencing traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas. This could include withdrawal or isolation from others or other problems with day-to-day functioning.
- 3 Child/youth is experiencing dangerous or debilitating traumatic grief reactions that impair their functioning across several areas (e.g. interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

## HYPERAROUSAL

This item includes difficulty falling asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Child/youth may also show common physical symptoms such as stomachaches and headaches. These symptoms are a part of the DSM-5 criteria for Trauma-Related Adjustment Disorder, Posttraumatic Stress Disorder and other Trauma- and Stressor-Related Disorders.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>Does the child/youth feel more jumpy or irritable than is usual?</li><li>Does the child/youth have difficulty relaxing and/or have an exaggerated startle response?</li><li>Does the child/youth have stress-related physical symptoms: stomach or headaches?</li><li>Do these stress-related symptoms interfere with the child/youth's ability to function?</li></ul>	0 Child/youth has no evidence of hyperarousal symptoms.
	1 History or evidence of hyperarousal that does not interfere with daily functioning. Child/youth may occasionally manifest distress-related physical symptoms such as stomachaches and headaches.
	2 Child/youth exhibits one significant symptom or a combination of two or more of the following hyperarousal symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Children/youth who frequently manifest distress-related physical symptoms such as stomachaches and headaches would be rated here. Symptoms are distressing for the child/youth and/or caregiver and negatively impacts day-to-day functioning.
	3 Child/youth exhibits multiple and/or severe hyperarousal symptoms including alterations in arousal and physiological and behavioral reactivity associated with traumatic event(s). This may include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Intensity and frequency of these symptoms are overwhelming for the child/youth and/or caregiver and impede day-to-day functioning in many life areas.

## AVOIDANCE

This item describes efforts to avoid stimuli associated with traumatic experiences. These symptoms are part of the DSM criteria for PTSD and Acute Stress Disorder.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>Does the child/youth make specific and concerted attempts to avoid sights, sounds, smells, etc. that are related to the trauma experience?</li></ul>	0 Child/youth exhibits no avoidance symptoms.
	1 Child/youth may have history or exhibits one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.
	2 Child/youth exhibits avoidance symptoms that interfere with their functioning in at least one life domain. In addition to avoiding thoughts or feelings associated with the trauma, the child/youth may also avoid activities, places, or people that arouse recollections of the trauma.
	3 Child/youth's avoidance symptoms are debilitating. Child/youth may avoid thoughts, feelings, situations and people associated with the trauma and is unable to recall important aspects of the trauma.



## NUMBING

This item describes the child/youth's reduced capacity to feel or experience and express a range of emotions. These numbing responses were not present before the trauma.

Questions to Consider	Ratings and Descriptions	
	0	Child/youth has no evidence of numbing responses.
	1	Child/youth has history or evidence of problems with numbing. They may have a restricted range of affect or be unable to express or experience certain emotions (e.g., anger or sadness).
	2	Child/youth exhibits numbing responses that impair functioning in at least one life domain. Child/youth may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.
	3	Child/youth exhibits significant numbing responses or multiple symptoms of numbing that put them at risk. This child/youth may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

## DISSOCIATION

This item includes symptoms such as daydreaming, spacing or blanking out, forgetfulness, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences.

Questions to Consider	Ratings and Descriptions	
	0	No evidence of dissociation.
	1	Child/youth has history or evidence of dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.
	2	Child/youth exhibits dissociative problems that interfere with functioning in at least one life domain. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization. This rating would be used for someone who meets criteria for Dissociative Disorders or another diagnosis that is specified "with dissociative features."
	3	Child/youth exhibits dangerous and/or debilitating dissociative symptoms. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Child/youth is frequently forgetful or confused about things they should know about (e.g., no memory for activities or whereabouts of previous day or hours). Child/youth shows rapid changes in personality or evidence of distinct personalities. Child/youth who meets criteria for Dissociative Identity Disorder or a more severe level of a Dissociative Disorder would be rated here.

### End of Traumatic Stress Symptoms Module

## ANGER CONTROL

This item captures the child/youth's ability to identify and manage their anger when frustrated.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>How does the child/youth control their emotions?</li><li>Does the child/youth get upset or frustrated easily?</li><li>Does the child/youth overreact if someone criticizes or rejects them?</li><li>Does the child/youth seem to have dramatic mood swings?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> No evidence of any anger control problems.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History, suspicion of, or evidence of some problems with controlling anger. Child/youth may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth's difficulties with controlling anger are impacting functioning in at least one life domain. Child/youth's temper has resulted in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth's temper or anger control problem is dangerous. Child/youth frequently gets into fights that are often physical. Others likely fear the child/youth.

## SUBSTANCE USE\*

This item describes problems related to the use of alcohol and illegal drugs, the misuse of prescription medications, and the inhalation of any chemical or synthetic substance by a child/youth. This rating is consistent with DSM-5 Substance-Related and Addictive Disorders. This item does not apply to the use of tobacco or caffeine.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>Has the child/youth used alcohol or drugs on more than an experimental basis?</li><li>Do you suspect that the child/youth may have an alcohol or drug use problem?</li><li>Has the child/youth been in a recovery program for the use of alcohol or illegal drugs?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> Child/youth has no notable substance use difficulties at the present time.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth has substance use problems that occasionally interfere with daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). History of substance use problems without evidence of current problems related to use is rated here.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth has a substance use problem that consistently interferes with the ability to function optimally, but does not completely preclude functioning in an unstructured setting.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth has a substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the child/youth.

**\*A rating of '1', '2' or '3' on this item triggers the completion of the [C] Substance Use Disorder Module. A rating of '1', '2', or '3' may also indicate that the youth may require an ASAM assessment. Please complete an ASAM assessment or refer the youth for an ASAM assessment to determine Medicaid medical necessity for SUD services.**

## [C] SUBSTANCE USE DISORDER MODULE

Rate the following items within the last 30 days unless specified by anchor descriptions.

### SEVERITY OF USE

This item rates the frequency and severity of the child/youth's current substance use.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Is the child/youth currently using substances? If so, how frequently?</li> <li>Is there evidence of physical dependence on substances?</li> </ul>	0 Child/youth is currently abstinent and has maintained abstinence for at least six months.
	1 Child/youth is currently abstinent but only in the past 30 days or child/youth has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.
	2 Child/youth actively uses alcohol or drugs but not daily.
	3 Child/youth uses alcohol and/or drugs on a daily basis.

### DURATION OF USE

This item identifies the length of time that the child/youth has been using drugs or alcohol.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>How long has the child/youth been using drugs and/or alcohol?</li> </ul>	0 Child/youth has begun use in the past year.
	1 Child/youth has been using alcohol or drugs for at least one year but has had periods of at least 30 days where the child/youth did not have any use.
	2 Child/youth has been using alcohol or drugs for at least one year (but less than five years), but not daily.
	3 Child/youth has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.

### STAGE OF RECOVERY

This item identifies where the child/youth is in their recovery process.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>In relation to stopping substance use, at what stage of change is the child/youth?</li> </ul>	0 Child/youth is in maintenance stage of recovery. Child/youth is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.
	1 Child/youth is actively trying to use treatment to remain abstinent.
	2 Child/youth is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
	3 Child/youth is in denial regarding the existence of any substance use problem.

**PEER INFLUENCES**

This item identifies the impact that the child/youth's social group has on the child/youth's substance use.

**Questions to Consider**

- What role do the child/youth's peers play in their alcohol and drug use?

**Ratings and Descriptions**

- 0 Child/youth's primary peer social network does not engage in alcohol or drug use.
- 1 Child/youth has peers in their primary peer social network who do not engage in alcohol or drug use but has some peers who do.
- 2 Child/youth predominantly has peers who engage in alcohol or drug use but child/youth is not a member of a gang.
- 3 Child/youth is a member of a peer group that consistently engages in alcohol or drug use.

**PARENTAL/CAREGIVER INFLUENCES**

This item rates the parent's/caregiver's use of drugs or alcohol with or in the presence of the child/youth.

**Questions to Consider**

- Do the caregiver(s) use substances? If so, does the caregiver's use impact the child/youth's use?

**Ratings and Descriptions**

- 0 There is no evidence that child/youth's caregivers have ever engaged in substance abuse.
- 1 One of child/youth's caregivers has history of substance abuse but not in the past year.
- 2 One or both of child/youth's caregivers have been intoxicated with alcohol or drugs in the presence of the child/youth.
- 3 One or both of child/youth's caregivers use alcohol or drugs with the child/youth.

**ENVIRONMENTAL INFLUENCES**

This item rates the impact of the child/youth's community environment on their alcohol and drug use.

**Questions to Consider**

- Are there factors in the child/youth's community that impact their alcohol and drug use?

**Ratings and Descriptions**

- 0 No evidence that the child/youth's environment stimulates or exposes the child/youth to any alcohol or drug use.
- 1 Suspicion that child/youth's environment might expose the child/youth to alcohol or drug use.
- 2 Child/youth's environment clearly exposes the child/youth to alcohol or drug use.
- 3 Child/youth's environment encourages or enables the child/youth to engage in alcohol or drug use.

### RECOVERY SUPPORT IN COMMUNITY

This describes the child/youth's participation in recovery programs such as AA, NA, or other types of recovery groups or activities that are community-based.

#### Questions to Consider

- Does the child/youth participate in community-based recovery programs?
- Are there factors that prevent the child/youth from participation in recovery programs?

#### Ratings and Descriptions

- 0 No problems with maintaining social connectivity through recovery support groups or activities. Child/youth attends recovery support groups and meetings regularly.
- 1 Problems with maintaining social connectivity through recovery support groups or activities. Child/youth may attend meetings irregularly.
- 2 Child/youth struggles with maintaining social connectivity through recovery support groups or activities. Child/youth has attended recovery support groups in the past but is no longer attending meetings.
- 3 Child/youth is unable to maintain social connectivity through recovery support groups or activities. Child/youth has never participated in recovery support groups or activities.

### ACUTE INTOXICATION

This item describes reversible, substance-related, maladaptive psychological or behavioral changes causing physiological effects of the central nervous system by recent ingestion of or exposure to a substance: alcohol, illicit drug, medication, or toxin (Medical Dictionary.com).

#### Questions to Consider

- Is there evidence of acute intoxication (e.g., withdrawal symptoms)?
- Are substance intoxication difficulties interfering with functioning?

#### Ratings and Descriptions

- 0 Child/youth has no identified substance intoxication difficulties at the present time.
- 1 Child/youth has occasional intoxication which requires preventive activities. History of occasional intoxication and/or withdrawal symptoms without evidence of current problems would be rated here.
- 2 Evidence of acute intoxication interferes with child/youth's ability to function with moderate risks, requiring preventive or withdrawal management services.
- 3 Child/youth has a substance use problem with complications that may result in danger to self or detoxification (e.g., managing acute alcohol poisoning after binge drinking, overdose, or significant risk of withdrawal symptoms, seizures, or medical complications based on withdrawal history and substance use: amount, frequency, duration, and recent discontinuation).

## WITHDRAWAL HISTORY

Withdrawal refers to a psychological and/or physical syndrome caused by abruptly stopping or reducing substance use in a habituated person. Specific symptoms and risks differ based on the substance. Withdrawal history, important in assessing current risk and planning care, considers past substance use and withdrawal experience.

	Ratings and Descriptions
Questions to Consider	
• Is there evidence of withdrawal symptoms related to substance use?	0 No evidence of prior withdrawal symptoms related to substance use, medications, or toxins.
• Do they impact functioning or affect the child/youth's health?	1 History of occasional acute withdrawal symptoms following substance use (e.g., mild nausea, mild tactile disturbances or sensitivity to light, slight headache, cannot do serial additions or uncertain about date, mild anxiety or irritability, chills or flushing, restless).
	2 History of withdrawal symptoms after decreasing or discontinuing substance use or medications (e.g., anxiety, nausea, fever, tremor) that impact the child/youth's functioning. OR, chronic physical health problems could be worsened by withdrawal symptoms.
	3 History of significant withdrawal symptoms after decreasing or discontinuing substance use or medications (e.g., seizures, delirium tremens, rapid heartbeat). Child/youth may have medical condition which could be worsened due to withdrawal.

## WITHDRAWAL RISKS

This item describes the current risk of withdrawal from alcohol and/or other substance use and need for withdrawal management services. Severity of withdrawal risk varies by type of substance(s) used, duration and frequency of use, withdrawal history, concurrent mental and/or physical health conditions, involvement in recovery, and family/natural and environmental supports. Higher risks occur with withdrawal from alcohol and benzodiazepines or the use of multiple substances.

### Questions to Consider

- How does the child/youth manage withdrawal symptoms?
- Is the child/youth's health or safety at risk from the withdrawal symptoms?

### Ratings and Descriptions

- 0 The child/youth is fully functioning. They are able to tolerate and deal with mild withdrawal discomfort.
- 1 Child/youth has minimal risk of severe withdrawal. Sustained withdrawal management services without evidence of current problems could be rated here. Examples include a child/youth using alcohol or benzodiazepines with mild withdrawal symptoms (anxiety, sweating, and insomnia, but no tremors); not withdrawing from another substance; previously stopped using in the past year without severe withdrawal symptoms; no more than mild, stable physical health conditions; motivated to complete the withdrawal process; understands and willing to engage in treatment, and has a positive support system with safe housing.
- 2 Evidence of moderate level of withdrawal risks includes symptoms (sweating, anxiety, nausea, fever, and tremor), current physical symptoms (nausea or vomiting at no more than moderate intensity); no withdrawal from other substances; no more than mild, stable mental or physical health conditions; understanding, commitment, and cooperation in withdrawal management process; and at least minimally supportive family/friends and access to safe housing OR withdrawal symptoms with no tremor, but barrier to effective withdrawal management related to history of severe withdrawal symptoms, moderate or unstable mental or physical health condition(s), limited commitment, high relapse risk, or unsupportive friends/family.
- 3 Child/youth has significant or severe risk of withdrawal symptoms, seizures, or medical complications. Significant withdrawal risk is characterized by significant anxiety with moderate to severe tremor; possible concurrent withdrawal from other substances; OR moderate symptoms and not withdrawing from another substance, but with other problems that complicate withdrawal management (history of severe withdrawal symptoms, moderate to severe physical or mental health conditions, high relapse risk, questionable cooperation, significant others not supportive of the process or inadequate housing). Severe risk of withdrawal is characterized by confusion; new onset of hallucinations; seizure; or inability to understand OR severe anxiety; moderate to severe tremor; concurrent withdrawal from another substance; and either history of seizure or delirium tremens; severe, unstable physical health condition(s); uncooperative; or requiring more than hourly medical monitoring.

### AWARENESS OF RELAPSE TRIGGERS

Relapse refers to resuming substance use after a period of recovery. This item refers to the child/youth's awareness of potential triggers (emotional stresses or circumstances: exposure to rewarding substances and behaviors, environmental cues for use) that increase the likelihood of using substances.

	Ratings and Descriptions								
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>Is the child/youth aware of what triggers their return to using substances?</li><li>If so, does the child/youth use strategies to manage challenges?</li></ul>	<table><tr><td data-bbox="446 808 511 934">0</td><td data-bbox="511 808 1498 934">Child/youth is aware of potential relapse triggers and actively uses recovery strategies (e.g., developed resilience and support to cope with stressors and manage challenges: craving, behavioral control, problems in relationships).</td></tr><tr><td data-bbox="446 934 511 1060">1</td><td data-bbox="511 934 1498 1060">Child/youth is aware of relapse triggers and usually engages recovery strategies to address recovery challenges, but requires some effort to maximize and sustain efforts. Awareness might be used and built upon in treatment.</td></tr><tr><td data-bbox="446 1060 511 1144">2</td><td data-bbox="511 1060 1498 1144">Child/youth is aware of some, but not all, relapse triggers or seldom uses recovery strategies to address challenges.</td></tr><tr><td data-bbox="446 1144 511 1220">3</td><td data-bbox="511 1144 1498 1220">Child/youth is unaware of relapse triggers and does not use recovery strategies to address challenges.</td></tr></table>	0	Child/youth is aware of potential relapse triggers and actively uses recovery strategies (e.g., developed resilience and support to cope with stressors and manage challenges: craving, behavioral control, problems in relationships).	1	Child/youth is aware of relapse triggers and usually engages recovery strategies to address recovery challenges, but requires some effort to maximize and sustain efforts. Awareness might be used and built upon in treatment.	2	Child/youth is aware of some, but not all, relapse triggers or seldom uses recovery strategies to address challenges.	3	Child/youth is unaware of relapse triggers and does not use recovery strategies to address challenges.
0	Child/youth is aware of potential relapse triggers and actively uses recovery strategies (e.g., developed resilience and support to cope with stressors and manage challenges: craving, behavioral control, problems in relationships).								
1	Child/youth is aware of relapse triggers and usually engages recovery strategies to address recovery challenges, but requires some effort to maximize and sustain efforts. Awareness might be used and built upon in treatment.								
2	Child/youth is aware of some, but not all, relapse triggers or seldom uses recovery strategies to address challenges.								
3	Child/youth is unaware of relapse triggers and does not use recovery strategies to address challenges.								

### End of the Substance Use Disorder Module



**AUTISM SPECTRUM\***

This item describes the presence of Autism Spectrum Disorder.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"> <li>Does the child/youth have any symptoms of Autism Spectrum Disorder?</li> </ul>	0 <i>No evidence of any needs; no need for action.</i> There is no history of Autism Spectrum symptoms.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Evidence of a low end Autism Spectrum Disorder. The child/youth may have had symptoms of Autism Spectrum Disorder but those symptoms were below the threshold for an Autism diagnosis and did not have significant effect on development.
	2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth meets criteria for a diagnosis of Autism Spectrum Disorder. Autism Spectrum symptoms are impairing child's functioning in one or more areas and requires intervention.
	3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth meets criteria for a diagnosis of Autism Spectrum Disorder and has high end needs to treat and manage severe or disabling symptoms.

**\*A rating of '1', '2' or '3' on this item triggers the completion of the [D] Autism Spectrum Module.**

## [D] AUTISM SPECTRUM MODULE

**REGULATORY: BODY CONTROL/EMOTIONAL CONTROL**

This item refers to all dimensions of self-regulation, including the quality and predictability of sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, the ability to moderate intense emotions without the use of aggression, and ability to be consoled.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Does the child/youth have particular challenges around transitioning from one activity to another resulting at times in the inability to engage in activities?</li> <li>Does the child/youth have severe reactions to changes in temperature or clothing such that it interferes with engaging in activities/school or play?</li> </ul>	0 Strong evidence the child is developing strong self-regulation capacities. This is indicated by the capacity to fall asleep, regular patterns of feeding and sleeping. Young infants can regulate breathing and body temperature, are able to move smoothly between states of alertness, sleep, feeding on schedule, able to make use of caregiver/pacifier to be soothed, and moving toward regulating themselves (e.g., infant can begin to calm to caregiver's voice prior to being picked up). Toddlers are able to make use of caregiver to help regulate emotions, fall asleep with appropriate transitional objects, can attend to play with increased attention and play is becoming more elaborated, or have some ability to calm themselves down.
	1 At least one area of concern about an area of regulation--breathing, body temperature, sleep, transitions, feeding, crying--but caregiver feels that adjustments on their part are effective in assisting child to improve regulation; monitoring is needed. [continues]

**REGULATORY: BODY CONTROL/EMOTIONAL CONTROL continued**

## Questions to Consider

- Does the child/youth require more adult supports to cope with frustration than other children or youth in similar settings?
- Does the child have more distressing tantrums or yelling fits than other children? Does the child respond with aggression when they are upset?

- 2 Concern in one or more areas of regulation: sleep, crying, feeding, tantrums/aggression, sensitivity to touch, noise, and environment. Referral to address self-regulation is needed.
- 3 Concern in two or more areas of regulation, including but not limited to: difficulties in breathing, body movements, crying, sleeping, feeding, attention, ability to self soothe, sensitivity and/or aggressive responses to environmental or emotional stressors.

**REPETITIVE BEHAVIORS**

This item describes ritualized or stereotyped motor behaviors; ‘stereotypies’ (e.g., spinning, head banging, twirling, hand flapping, finger-flicking, rocking, toe walking, repetitively asking questions, etc.).

## Questions to Consider

- Does the child/youth exhibit any repetitive or other behaviors that could be considered stereotypies?

## Ratings and Descriptions

- 0 There is no evidence of repetitive behavior or stereotypies in the child/youth.
- 1 Repetitive behavior or stereotypies occasionally noticed by familiar caregiver but may have only occasional interference in the child/youth’s functioning.
- 2 Repetitive behavior or stereotypies generally noticed by unfamiliar people and have notable interference in the child/youth’s functioning.
- 3 Repetitive behavior or stereotypies occur with high frequency, and are disabling or dangerous to the child/youth.

**RESTRICTED INTERESTS**

This item describes highly circumscribed or unusual/bizarre interests that are not usually seen.

## Questions to Consider

- Does the child/youth have varied and age appropriate interests in object and the environment?
- Do the child/youth’s interests impact their functioning?

## Ratings and Descriptions

- 0 Child/youth has varied and age-appropriate interests in objects and the environment. No evidence of preoccupations in the young person.
- 1 Child/youth has some age-appropriate interests in objects and the environment, but can also demonstrate preoccupations that have occasional interference with their functioning.
- 2 Child/youth may have some age-appropriate interests but frequently demonstrates excessive preoccupations or odd interests in objects and the environment which interferes in a notable way with their functioning.
- 3 Child/youth’s interests are almost completely preoccupied with a specific focus that is disabling or dangerous.

## SENSORY RESPONSIVENESS

This item describes the child/youth's responses to sensory stimuli including both hyper- or hypo-sensitivities (e.g., tactile, oral, auditory, olfactory, smell, vestibular and proprioceptive).

Questions to Consider <ul style="list-style-type: none"><li>Does the child/youth exhibit any hyper or hypo-sensitivities to sensory stimulation?</li></ul>	Ratings and Descriptions	
	0	No evidence that the child/youth has atypical responding to stimuli.
	1	Child/youth has some atypical reactions to one or more sensory stimuli that do not interfere with their functioning.
	2	Child/youth has atypical reactions to one or more sensory stimuli that interfere with their functioning.
	3	Child/youth's atypical reactions to one or more sensory stimuli are dangerous or disabling to them. Social, emotional and/or behavioral difficulties related to sensory integration problems are/can be extreme.

## End of Autism Spectrum Module

## EATING DISTURBANCES

This item includes problems with eating including disturbances in body image, refusal to maintain normal body weight and recurrent episodes of binge eating. These ratings are consistent with DSM Eating Disorders.

Questions to Consider <ul style="list-style-type: none"><li>Does the child/youth have any challenges with eating?</li><li>Is the child/youth an overly picky eater?</li><li>Does the child/youth have any eating rituals?</li></ul>	Ratings and Descriptions	
	0	<i>No evidence of any needs; no need for action.</i> This rating is for a child/youth with no evidence of eating disturbances.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> This rating is for a child/youth with some eating disturbance that is not interfering with their functioning. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> This rating is for a child/youth with eating disturbance that interferes with their functioning. This could include preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This individual may meet criteria for a DSM Eating Disorder (Anorexia or Bulimia Nervosa).
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> This rating is for a child/youth with a more severe form of eating disturbance. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

## ATTACHMENT DIFFICULTIES

This item rates the level of difficulties the child/youth has with attachment and their ability to form relationships.

	Ratings and Descriptions
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• Does the child/youth struggle with separating from caregiver?</li><li>• Does the child/youth approach or attach to strangers?</li></ul>	<b>0</b> <i>No evidence of any needs; no need for action.</i> No evidence of attachment problems. Caregiver-youth relationship is characterized by mutual satisfaction of needs and child/youth's development of a sense of security and trust. Caregiver is able to respond to child/youth cues in a consistent, appropriate manner, and child/youth seeks age-appropriate contact with caregiver for both nurturing and safety needs.
	<b>1</b> <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Some history or evidence of insecurity in the caregiver-youth relationship. Caregiver may have difficulty accurately reading child/youth's bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Child/youth may have some problems with separation (e.g., anxious/clingy behaviors in the absence of obvious cues of danger) or may avoid contact with caregiver in age-inappropriate way. Child/youth may have minor difficulties with appropriate physical/emotional boundaries with others.
	<b>2</b> <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Problems with attachment that interfere with child/youth's functioning in at least one life domain and require intervention. Caregiver may consistently misinterpret child/youth cues, act in an overly intrusive way, or ignore/avoid child/youth bids for attention/nurturance. Child/youth may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and have ongoing difficulties with physical or emotional boundaries with others.
	<b>3</b> <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in care giving relationships) OR child/youth presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Child/youth is considered at ongoing risk due to the nature of their attachment behaviors. Child/youth may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers, or child/youth may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.

## BEHAVIORAL REGRESSIONS

This item is used to describe shifts in previously adaptive functioning evidenced in regressions in behaviors or physiological functioning.

Ratings and Descriptions	
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>Does the child/youth exhibit age-inappropriate behavior?</li><li>Is there a significant issue that is causing the child/youth to have age-regressive behaviors?</li></ul>	<b>0</b> <i>No evidence of any needs; no need for action.</i> This rating is given to a child/youth with no evidence of behavioral regression.
	<b>1</b> <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> This rating is given to a child/youth with some regressions in age-level of behavior (e.g., thumb sucking, whining when age-inappropriate).
	<b>2</b> <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> This rating is given to a child/youth with moderate regressions in age-level of behavior including loss of ability to engage with peers, stopping play or exploration in environment that was previously evident, or occasional bedwetting.
	<b>3</b> <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> This rating is given to a child/youth with more significant regressions in behaviors in an earlier age as demonstrated by changes in speech or loss of bowel or bladder control.

## SOMATIZATION

This item rates the presence of recurrent physical complaints without apparent physical cause or conversion-like phenomena (e.g., pseudo seizures) and associated with psychosocial distress and medical help-seeking.

Ratings and Descriptions	
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>Does the child/youth often complain of medical symptoms without medical cause?</li><li>Is there a significant issue that is causing the child/youth to have somatic complaints?</li></ul>	<b>0</b> <i>No evidence of any needs; no need for action.</i> This rating is for a child/youth with no evidence of somatic symptoms.
	<b>1</b> <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> This rating indicates a child/youth with a mild level of somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), joint, limb or chest pain without medical cause.
	<b>2</b> <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> This rating indicates a child/youth with a moderate level of somatic problems or the presence of conversion symptoms. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches). This child/youth may meet criteria for a somatoform disorder. Additionally, the child/youth could manifest any conversion symptoms here (e.g., pseudo seizures, paralysis).
	<b>3</b> <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> This rating indicates a child/youth with severe somatic symptoms causing significant disturbance in school or social functioning. This could include significant and varied symptomatic disturbance without medical cause.

# RISK BEHAVIORS DOMAIN

This section focuses on behaviors that can get children and youth in trouble or put them in danger of harming themselves or others. Time frames in this section can change (particularly for ratings '1' and '3') away from the standard 30-day rating window.

**Question to Consider for this Domain:** Does the child/youth's behaviors put them at risk for serious harm?

For the **Risk Behaviors Domain**, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
- 1 Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need or risk behavior is addressed.
- 3 Intensive and/or immediate action is required to address the need or risk behavior.

## SUICIDE RISK

This item is intended to describe the presence of thoughts or behaviors aimed at taking one's life. This rating describes both suicidal and significant self-injurious behavior. This item rates overt and covert thoughts and efforts on the part of a child or youth to end their life. A rating of '2' or '3' would indicate the need for a safety plan. Notice the specific time frames for each rating.

	Ratings and Descriptions
Questions to Consider	<ul style="list-style-type: none"> <li>0 <i>No evidence of any needs; no need for action.</i> No evidence of suicidal ideation.</li> </ul>
<ul style="list-style-type: none"> <li>• Has the child/youth ever talked about a wish or plan to die or to kill themselves?</li> </ul>	<ul style="list-style-type: none"> <li>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the recent past.</li> </ul>
<ul style="list-style-type: none"> <li>• Has the child/youth ever tried to commit suicide?</li> </ul>	<ul style="list-style-type: none"> <li>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Recent, but not acute, suicidal ideation or gesture.</li> </ul>
	<ul style="list-style-type: none"> <li>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Current suicidal ideation and intent OR command hallucinations that involve self-harm.</li> </ul>

### NON-SUICIDAL SELF-INJURIOUS BEHAVIOR

This item includes repetitive, physically harmful behavior that generally serves as a self-soothing function to the child/youth (e.g., cutting, carving, burning self, face slapping, head banging, etc.).

Ratings and Descriptions	
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>Does the behavior serve a self-soothing purpose (e.g., numb emotional pain, move the focus of emotional pain to the physical)?</li><li>Does the child/youth ever purposely hurt themselves (e.g., cutting)?</li></ul>	<b>0</b> <i>No evidence of any needs; no need for action.</i> No evidence of any forms of self-injury.
	<b>1</b> <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> A history or suspicion of self-injurious behavior.
	<b>2</b> <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Engaged in self-injurious behavior (e.g., cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.
	<b>3</b> <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the child/youth's health at risk.

### OTHER SELF-HARM (RECKLESSNESS)

This item includes reckless and dangerous behaviors that, while not intended to harm self or others, place the child/youth or others in some jeopardy. Suicidal or self-injurious behaviors are not rated here.

Ratings and Descriptions	
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>Does the child/youth act without thinking?</li><li>Has the child/youth ever talked about or acted in a way that might be dangerous to themselves (e.g., reckless behavior such as riding on top of cars, reckless driving, climbing bridges, etc.)?</li></ul>	<b>0</b> <i>No evidence of any needs; no need for action.</i> No evidence of behaviors (other than suicide or self-mutilation) that place the child/youth at risk of physical harm.
	<b>1</b> <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or suspicion of or mild reckless or risk-taking behavior (other than suicide or self-mutilation) that places child/youth at risk of physical harm.
	<b>2</b> <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth in danger of physical harm.
	<b>3</b> <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth at immediate risk of death.

**DANGER TO OTHERS\***

This item rates the child/youth's violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others. A rating of '2' or '3' would indicate the need for a safety plan. Reckless behavior that may cause physical harm to others is not rated on this item.

	Ratings and Descriptions
<b>Questions to Consider</b> <ul style="list-style-type: none"> <li>Has the child/youth ever injured another person on purpose?</li> <li>Does the child/youth get into physical fights?</li> <li>Has the child/youth ever threatened to kill or seriously injure others?</li> </ul>	<b>0</b> <i>No evidence of any needs; no need for action.</i> No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).
	<b>1</b> <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.
	<b>2</b> <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Occasional or moderate level of aggression towards others. Child/youth has made verbal threats of violence towards others.
	<b>3</b> <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Child/youth is an immediate risk to others.

**\* A rating of '1', '2' or '3' on this item triggers the completion of the [E] Dangerousness/Violence Module.**

## [E] DANGEROUSNESS/VIOLENCE MODULE

### HISTORICAL RISK FACTORS

Rate the following items within the child/youth's lifetime.

**HISTORY OF VIOLENCE**

This item rates the child/youth's history of violence.

	Ratings and Descriptions
<b>Questions to Consider</b> <ul style="list-style-type: none"> <li>Has the child/youth ever been violent with a sibling, peer, and/or adult?</li> </ul>	<b>0</b> No evidence of any history of violent behavior by the child/youth.
	<b>1</b> Child/youth has engaged in mild forms of violent behavior including vandalism, minor destruction of property, physical fights in which no one was injured (e.g. shoving, wrestling).
	<b>2</b> Child/youth has engaged in moderate forms of violent behavior including fights in which participants were injured. Cruelty to animals would be rated here unless it resulted in significant injury or death of the animal.
	<b>3</b> Child/youth has initiated unprovoked violent behaviors on other people that resulted in injuries to these people. Cruelty to animals that resulted in significant injury or death to the animal would be rated here.



## EMOTIONAL/BEHAVIORAL RISKS

Rate the following items within the last 30 days.

### FRUSTRATION MANAGEMENT

This item describes the child/youth's ability to manage their own anger and frustration tolerance.

#### Questions to Consider

- How does the child/youth control their temper?
- Does the child/youth get upset or frustrated easily?
- Does the child/youth become physically aggressive when angry?
- Does the child/youth have a hard time managing anger if someone criticizes or rejects them?

#### Ratings and Descriptions

- 0 Child/youth appears to be able to manage frustration well. No evidence of problems of frustration management.
- 1 Child/youth has some mild problems with frustration. The child/youth may anger easily when frustrated; however, the child/youth is able to calm themselves down following an angry outburst.
- 2 Child/youth has problems managing frustration. The child/youth's anger when frustrated is causing functioning problems in school, at home, or with peers.
- 3 Child/youth becomes explosive and dangerous to others when frustrated. The child/youth demonstrates little self-control in these situations and others must intervene to restore control.

### HOSTILITY

This item rates the perception of others regarding the child/youth's level of anger and hostility.

#### Questions to Consider

- Does the child/youth seem hostile frequently or in inappropriate environments/situations?

#### Ratings and Descriptions

- 0 Child/youth appears to not experience or express hostility except in situations where most people would become hostile.
- 1 Child/youth appears hostile but does not express it. Others experience them as being angry.
- 2 Child/youth expresses hostility regularly.
- 3 Child/youth is almost always hostile either in expression or appearance. Others may experience child/youth as 'full of rage' or 'seething.'

### PARANOID THINKING

This item rates the existence/level of paranoid thinking experienced by the child/youth.

#### Questions to Consider

- Does the child/youth seem suspicious?
- Is there any evidence of paranoid thinking/beliefs?
- Is the child/youth very guarded?

#### Ratings and Descriptions

- 0 Child/youth does not appear to engage in any paranoid thinking.
- 1 Child/youth is suspicious of others but is able to test out these suspicions and adjust their thinking appropriately.
- 2 Child/youth believes that others are 'out to get' them. Child/youth has trouble accepting that these beliefs may not be accurate. Child/youth at times is suspicious and guarded but at other times can be open and friendly.
- 3 Child/youth believes that others plan to cause them harm. Child/youth is nearly always suspicious and guarded.

## SECONDARY GAINS FROM ANGER

This item is used to rate the presence of anger to obtain additional benefits.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>What happens after the child/youth gets angry? Do they get anything in return?</li><li>Does the child/youth typically get what they want from expressing anger?</li></ul>	0 Child/youth either does not engage in angry behavior or, when they do become angry, does not appear to derive any benefits from this behavior.
	1 Child/youth unintentionally has benefited from angry behavior; however, there is no evidence that child/youth intentionally uses angry behavior to achieve desired outcomes.
	2 Child/youth sometimes uses angry behavior to achieve desired outcomes with parents, caregivers, teachers, or peers.
	3 Child/youth routinely uses angry behavior to achieve desired outcomes with parents, caregivers, teachers, or peers. Others in child/youth's life appear intimidated.

## VIOLENT THINKING

This item rates the level of violence and aggression in the child/youth's thinking.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>Does the child/youth report having violent thoughts?</li><li>Does the child/youth verbalize their violent thoughts either specifically or by using violent themes?</li></ul>	0 There is no evidence that child/youth engages in violent thinking.
	1 Child/youth has some occasional or minor thoughts about violence.
	2 Child/youth has violent ideation. Language is often characterized as having violent themes and problem solving often refers to violent outcomes.
	3 Child/youth has specific homicidal ideation or appears obsessed with thoughts about violence. For example, a child/youth who spontaneously and frequently draws only violent images may be rated here.

## RESILIENCY FACTORS

Rate the following items within the last 30 days.

### AWARENESS OF VIOLENCE POTENTIAL

This item rates the child/youth's insight into their risk of violence.

#### Questions to Consider

- Is the child/youth aware of the risks of their potential to be violent?
- Is the child/youth concerned about these risks?
- Can the child/youth predict when/where/for what reason they will get angry and/or possibly become violent?

#### Ratings and Descriptions

- 0 Child/youth is completely aware of their level of risk of violence. Child/youth knows and understands their risk factors. Child/youth accepts responsibility for past and future behaviors. Child/youth is able to anticipate future challenging circumstances. A child/youth with no violence potential would be rated here.
- 1 Child/youth is generally aware of their potential for violence. Child/youth is knowledgeable about their risk factors and is generally able to take responsibility. Child/youth may be unable to anticipate future circumstances that may challenge them.
- 2 Child/youth has some awareness of their potential for violence. Child/youth may have tendency to blame others but is able to accept some responsibility for their actions.
- 3 Child/youth has no awareness of their potential for violence. Child/youth may deny past violent acts or explain them in terms of justice or as deserved by the victim.

### RESPONSE TO CONSEQUENCES

This item rates the child/youth's reaction when they get consequences for violence or aggression.

#### Questions to Consider

- How does the child/youth react to consequences given for violent or aggressive behavior?

#### Ratings and Descriptions

- 0 Child/youth is clearly and predictably responsive to identified consequences. Child/youth is regularly able to anticipate consequences and adjust behavior.
- 1 Child/youth is generally responsive to identified consequences; however, not all appropriate consequences have been identified or child/youth may sometimes fail to anticipate consequences.
- 2 Child/youth responds to consequences on some occasions but sometimes does not appear to care about consequences for their violent behavior.
- 3 Child/youth is unresponsive to consequences for their violent behavior.

### COMMITMENT TO SELF-CONTROL

This item rates the child/youth's willingness and commitment to controlling aggressive and/or violent behaviors.

#### Questions to Consider

- Does the child/youth want to change their behaviors?
- Is the child/youth committed to such change?

#### Ratings and Descriptions

- 0 Child/youth is fully committed to controlling their violent behavior.
- 1 Child/youth is generally committed to controlling their violent behavior; however, child/youth may continue to struggle with control in some challenging circumstances.
- 2 Child/youth is ambivalent about controlling their violent behavior.
- 3 Child/youth is not interested in controlling their violent behavior at this time.

## TREATMENT INVOLVEMENT

This item rates the child/youth and/or family's involvement in their treatment.

<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Is the child/youth on medication or have a treatment plan?</li><li>• Does the child/youth and family know what the plan is?</li></ul>	<p>Ratings and Descriptions</p> <table><tr><td>0</td><td>Child/youth is fully involved in their own treatment. Family supports treatment as well.</td></tr><tr><td>1</td><td>Child/youth or family is involved in treatment but not both. Child/youth may be somewhat involved in treatment, while family members are active or child/youth may be very involved in treatment while family members are unsupportive.</td></tr><tr><td>2</td><td>Child/youth and family are ambivalent about treatment involvement. Child/youth and/or family may be skeptical about treatment effectiveness or suspicious about clinician intentions.</td></tr><tr><td>3</td><td>Child/youth and family are uninterested in treatment involvement. A child/youth with treatment needs who is not currently in treatment would be rated here.</td></tr></table>	0	Child/youth is fully involved in their own treatment. Family supports treatment as well.	1	Child/youth or family is involved in treatment but not both. Child/youth may be somewhat involved in treatment, while family members are active or child/youth may be very involved in treatment while family members are unsupportive.	2	Child/youth and family are ambivalent about treatment involvement. Child/youth and/or family may be skeptical about treatment effectiveness or suspicious about clinician intentions.	3	Child/youth and family are uninterested in treatment involvement. A child/youth with treatment needs who is not currently in treatment would be rated here.
0	Child/youth is fully involved in their own treatment. Family supports treatment as well.								
1	Child/youth or family is involved in treatment but not both. Child/youth may be somewhat involved in treatment, while family members are active or child/youth may be very involved in treatment while family members are unsupportive.								
2	Child/youth and family are ambivalent about treatment involvement. Child/youth and/or family may be skeptical about treatment effectiveness or suspicious about clinician intentions.								
3	Child/youth and family are uninterested in treatment involvement. A child/youth with treatment needs who is not currently in treatment would be rated here.								

## End of Dangerousness/Violence Module

## DELINQUENT BEHAVIOR\*

This item includes both criminal behavior and status offenses that may result from child/youth failing to follow required behavioral standards (e.g., truancy, curfew violations, driving without a license). Sexual offenses should be included as criminal behavior. If caught, the child/youth could be arrested for this behavior.

<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Do you know of laws that the child/youth has broken (even if the child/youth has not been charged or caught)?</li><li>• Has the child/youth ever been arrested?</li></ul>	<p>Ratings and Descriptions</p> <table><tr><td>0</td><td><i>No evidence of any needs; no need for action.</i> No evidence or no history of delinquent behavior.</td></tr><tr><td>1</td><td><i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of delinquent behavior, but none in the recent past. Status offenses would generally be rated here.</td></tr><tr><td>2</td><td><i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the child/youth at risk.</td></tr><tr><td>3</td><td><i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Serious recent acts of delinquent activity that place others at risk of significant loss or injury, or place the child/youth at risk of adult sanctions. Examples include car theft, residential burglary and gang involvement.</td></tr></table>	0	<i>No evidence of any needs; no need for action.</i> No evidence or no history of delinquent behavior.	1	<i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of delinquent behavior, but none in the recent past. Status offenses would generally be rated here.	2	<i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the child/youth at risk.	3	<i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Serious recent acts of delinquent activity that place others at risk of significant loss or injury, or place the child/youth at risk of adult sanctions. Examples include car theft, residential burglary and gang involvement.
0	<i>No evidence of any needs; no need for action.</i> No evidence or no history of delinquent behavior.								
1	<i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of delinquent behavior, but none in the recent past. Status offenses would generally be rated here.								
2	<i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the child/youth at risk.								
3	<i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Serious recent acts of delinquent activity that place others at risk of significant loss or injury, or place the child/youth at risk of adult sanctions. Examples include car theft, residential burglary and gang involvement.								

**\*A rating of '1', '2' or '3' on this item triggers the completion of the [F] Juvenile Justice Module.**

## [F] JUVENILE JUSTICE MODULE

Rate the following item using time frames provided in the anchors.

### HISTORY

This item rates the child/youth's history of delinquency.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>How many criminal/delinquent behaviors has the child/youth engaged in?</li> <li>Are there periods of time in which the child/youth did not engage in criminal behaviors?</li> </ul>	0 Current criminal behavior is the first known occurrence.
	1 Child/youth has engaged in multiple delinquent acts in the past one year.
	2 Child/youth has engaged in multiple delinquent acts for more than one year but has had periods of at least 3 months where they did not engage in delinquent behavior.
	3 Child/youth has engaged in multiple criminal or delinquent acts for more than one year without any period of at least 3 months where they did not engage in criminal or delinquent behavior.

Rate the following items within the last 30 days.

### SERIOUSNESS

This item rates the seriousness of the child/youth's criminal offenses.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>What are the behaviors/actions that got the child/youth involved in the juvenile justice or adult criminal system?</li> </ul>	0 Child/youth has engaged only in status violations (e.g. curfew).
	1 Child/youth has engaged in delinquent behavior.
	2 Child/youth has engaged in criminal behavior.
	3 Child/youth has engaged in criminal behavior that places other citizens at risk of significant physical harm.

### PLANNING

This item rates the premeditation or spontaneity of the criminal acts.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Does the child/youth engage in preplanned or spontaneous or impulsive criminal acts?</li> </ul>	0 No evidence of any planning. Delinquent behavior appears opportunistic or impulsive.
	1 Evidence suggests that child/youth places themselves into situations where the likelihood of delinquent behavior is enhanced.
	2 Evidence of some planning of delinquent behavior.
	3 Considerable evidence of significant planning of delinquent behavior. Behavior is clearly premeditated.

**COMMUNITY SAFETY**

This item rates the level to which the criminal behavior of the child/youth puts the community's safety at risk.

**Questions to Consider**

- Is the delinquency violent in nature?
- Does the child/youth commit violent crimes against people or property?

**Ratings and Descriptions**

- 0 Child/youth presents no risk to the community. The child/youth could be unsupervised in the community.
- 1 Child/youth engages in behavior that represents a risk to community property.
- 2 Child/youth engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the child/youth's behavior.
- 3 Child/youth engages in behavior that directly places community members in danger of significant physical harm.

**PEER INFLUENCES**

This item rates the level to which the child/youth's peers engage in delinquent or criminal behavior.

**Questions to Consider**

- Do the child/youth's friends also engage in criminal behavior?
- Are the members of the child/youth's peer group involved in the criminal justice system or on parole/probation?

**Ratings and Descriptions**

- 0 Child/youth's primary peer social network does not engage in delinquent behavior.
- 1 Child/youth has peers in their primary peer social network who do not engage in delinquent behavior but has some peers who do.
- 2 Child/youth predominantly has peers who engage in delinquent behavior but child/youth is not a member of a gang.
- 3 Child/youth is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.

**PARENTAL CRIMINAL BEHAVIOR**

This item rates the influence of parental criminal behavior on the child/youth's delinquent or criminal behavior.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>Have the child/youth's parent(s) ever been arrested?</li><li>If so, how recently has the child/youth seen their parent(s)?</li></ul>	0 There is no evidence that child/youth's parents have ever engaged in criminal behavior.
	1 One of child/youth's parents has history of criminal behavior but child/youth has not been in contact with this parent for at least one year.
	2 One of child/youth's parents has history of criminal behavior and child/youth has been in contact with this parent in the past year.
	3 Both of child/youth's parents have history of criminal behavior.

**ENVIRONMENTAL INFLUENCES**

This item rates the influence of community criminal behavior on the child/youth's delinquent or criminal behavior.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>Does the child/youth live in a neighborhood/community with high levels of crime?</li><li>Is the child/youth a frequent witness or victim of such crime?</li></ul>	0 No evidence that the child/youth's environment stimulates or exposes the child/youth to any criminal behavior.
	1 Suspicion that the child/youth's environment might expose the child/youth to criminal behavior.
	2 Child/youth's environment clearly exposes the child/youth to criminal behavior.
	3 Child/youth's environment encourages or enables the child/youth to engage in criminal behavior.

**LEGAL COMPLIANCE**

This item refers to the child/youth's compliance with any current court orders and sanctions.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>Does the child/youth follow the orders of a court or meet the expectations of their probation (e.g., paying fines, completing community service, or reporting to probation officer)?</li><li>Have they missed any appointments or violated probation or court orders?</li></ul>	0 Child/youth is in full compliance with court orders and sanctions, and does not miss any appointments.
	1 Child/youth is in general compliance with court orders and sanctions (e.g., occasionally misses appointments).
	2 Child/youth is in partial compliance with standing court orders and sanctions (e.g., youth is going to school, but not completing community service).
	3 Child/youth is in noncompliance with standing court orders and sanctions (e.g., probation violations).

**End of Juvenile Justice Module**

**RUNAWAY\***

This item describes the risk of running away or actual runaway behavior.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>Has the child/youth ever run away from home, school, or any other place?</li> <li>If so, where did the child/youth go? How long did they stay away? How was the child/youth found?</li> <li>Does the child/youth ever threaten to run away?</li> </ul>	<p>0 <i>No evidence of any needs; no need for action.</i> Child/youth has no history of running away or ideation of escaping from current living situation.</p> <hr/> <p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth has no recent history of running away but has expressed ideation about escaping current living situation. Child/youth may have threatened running away on one or more occasions or has a history of running away but not in the recent past.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Child/youth has run from home once or run from one treatment setting. Also rated here is a child/youth who has run home (parental or relative).</p> <hr/> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Child/youth has run from home and/or treatment settings in the recent past and presents an imminent flight risk. A child/youth who is currently a runaway is rated here.</p>

**\*A rating of '1', '2' or '3' on this item triggers the completion of the [G] Runaway Module.**

## [G] RUNAWAY MODULE

**FREQUENCY OF RUNNING**

This item describes how often the child/youth runs away.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>How often does the child/youth run away?</li> </ul>	<p>0 Child/youth has only run once in past year.</p> <hr/> <p>1 Child/youth has run on multiple occasions in past year.</p> <hr/> <p>2 Child/youth runs often but not always.</p> <hr/> <p>3 Child/youth runs at every opportunity.</p>

**CONSISTENCY OF DESTINATION**

This item describes whether or not the child/youth runs away to the same place, area, or neighborhood.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>Does the child/youth always run to the same spot?</li> </ul>	<p>0 Child/youth always runs to the same location.</p> <hr/> <p>1 Child/youth generally runs to the same location or neighborhood.</p> <hr/> <p>2 Child/youth runs to the same community but the specific locations change.</p> <hr/> <p>3 Child/youth runs to no planned destination.</p>



**SAFETY OF DESTINATION**

This item describes how safe the area is where the child/youth runs.

Questions to Consider <ul style="list-style-type: none"><li>Does the child/youth run to safe locations?</li></ul>	Ratings and Descriptions	
	0	Child/youth runs to a safe environment that meets their basic needs (e.g. food, shelter).
	1	Child/youth runs to generally safe environments; however, they might be somewhat unstable or variable.
	2	Child/youth runs to generally unsafe environments that cannot meet their basic needs.
	3	Child/youth runs to very unsafe environments where the likelihood that the child/youth will be victimized is high.

**INVOLVEMENT IN ILLEGAL ACTIVITIES**

This item describes what type of activities the child/youth is involved in while on the run and whether or not they are legal activities.

Questions to Consider <ul style="list-style-type: none"><li>When the child/youth runs, is the child/youth involved in illegal acts?</li></ul>	Ratings and Descriptions	
	0	Child/youth does not engage in illegal activities while on run beyond those involved with the running itself.
	1	Child/youth engages in status offenses beyond those involved with the running itself while on run (e.g. curfew violations, underage drinking).
	2	Child/youth engages in delinquent activities while on run.
	3	Child/youth engages in dangerous delinquent activities while on run (e.g. armed robbery).

**LIKELIHOOD OF RETURN ON OWN**

This item describes whether or not the child/youth returns from a running episode on their own, whether they need prompting, or whether they need to be brought back by force (e.g., police).

Questions to Consider <ul style="list-style-type: none"><li>Does the child/youth usually return home on their own?</li></ul>	Ratings and Descriptions	
	0	Child/youth will return from run on their own without prompting.
	1	Child/youth will return from run when found but not without being found.
	2	Child/youth will make themselves difficult to find and/or might passively resist return once found.
	3	Child/youth makes repeated and concerted efforts to hide so as to not be found and/or resists return.

### INVOLVEMENT WITH OTHERS

This item describes whether or not others help the child/youth to run away.

Questions to Consider	Ratings and Descriptions	
<ul style="list-style-type: none"><li>Are others involved in the running activities?</li></ul>	0	Child/youth runs by themselves with no involvement of others. Others may discourage behavior or encourage child/youth to return from run.
	1	Others enable child/youth running by not discouraging child/youth's behavior.
	2	Others involved in running by providing help, hiding child/youth.
	3	Child/youth actively is encouraged to run by others. Others actively cooperate to facilitate running behavior.

### REALISTIC EXPECTATIONS

This item describes what the child/youth's expectations are for when they run away.

Questions to Consider	Ratings and Descriptions	
<ul style="list-style-type: none"><li>Does the child/youth have realistic expectations when they run away?</li></ul>	0	Child/youth has realistic expectations about the implications of their running behavior.
	1	Child/youth has reasonable expectations about the implications of their running behavior but may be hoping for a somewhat 'optimistic' outcome.
	2	Child/youth has unrealistic expectations about the implications of their running behavior.
	3	Child/youth has obviously false or delusional expectations about the implications of their running behavior.

### PLANNING

This item describes how much planning the child/youth puts into running away or if the child/youth runs spontaneously.

Questions to Consider	Ratings and Descriptions	
<ul style="list-style-type: none"><li>Does the child/youth plan when they run away?</li></ul>	0	Running behavior is completely spontaneous and emotionally impulsive.
	1	Running behavior is somewhat planned but not carefully.
	2	Running behavior is planned.
	3	Running behavior is carefully planned and orchestrated to maximize likelihood of not being found.

**End of Runaway Module**

## INTENTIONAL MISBEHAVIOR

This item describes intentional behaviors that a child/youth engages in to force others to administer consequences. This item should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which the child/youth lives) that put the child/youth at some risk of consequences. It is not necessary that the child/youth be able to articulate that the purpose of their misbehavior is to provide reactions/consequences to rate this item. There is always, however, a benefit to the child/youth resulting from this unacceptable behavior even if it does not appear this way on the face of it (e.g., child/youth feels more protected, more in control, less anxious because of the sanctions). This item should not be rated for children/youth who engage in such behavior solely due to developmental delays.

### Questions to Consider

- Does the child/youth intentionally do or say things to upset others or get in trouble with people in positions of authority (e.g., parents or teachers)?
- Has the child/youth engaged in behavior that was insulting, rude or obnoxious and which resulted in sanctions for the child/youth such as suspension, job dismissal, etc.?

### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
Child/youth shows no evidence of problematic social behaviors that cause adults to administer consequences.
- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
Some problematic social behaviors that force adults to administer consequences to the child/youth. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.
- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*  
Child/youth may be intentionally getting in trouble in school or at home and the consequences, or threat of consequences, is causing problems in the child/youth's life.
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*  
Frequent seriously inappropriate social behaviors force adults to seriously and/or repeatedly administer consequences to the child/youth. The inappropriate social behaviors may cause harm to others and/or place the child/youth at risk of significant consequences (e.g. expulsion from school, removal from the community).

## FIRE SETTING\*

This item refers to behavior involving the intentional setting of fires that might be dangerous to the child/youth or others. This includes both malicious and non-malicious fire setting. This does NOT include the use of candles or incense or matches to smoke or accidental fire setting.

### Questions to Consider

- Has the child/youth ever started a fire?
- Has the incident of fire setting put anyone at harm or at risk of harm?

### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence of fire setting by the child/youth.
- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
History of fire setting but not in the recent past.
- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*  
Recent fire-setting behavior but not of the type that has endangered the lives of others OR repeated fire-setting behavior in the recent past.
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*  
Acute threat of fire setting. Set fire that endangered the lives of others (e.g. attempting to burn down a house).

**\*A rating of '1', '2' or '3' on this item triggers the completion of the [H] Fire Setting Module.**

## [H] FIRE SETTING MODULE

Rate the following item using time frames provided in the anchors.

### HISTORY

This item rates the child/youth's history of fire setting including the number of fire-setting events and the time elapsed between fire-setting events.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>How many times has child/youth started fires?</li> <li>When did that happen?</li> </ul>	0 Only one known occurrence of fire setting behavior.
	1 Child/youth has engaged in multiple acts of fire setting in the past year.
	2 Child/youth has engaged in multiple acts of fire setting for more than one year but has had periods of at least 6 months where the child/youth did not engage in fire setting behavior.
	3 Child/youth has engaged in multiple acts of fire setting for more than one year without any period of at least 3 months where the child/youth did not engage in fire setting behavior.

Please rate the most recent episode of fire setting in the following items.

### SERIOUSNESS

This item rates the extent of damage or harm caused by the child/youth's fire setting behavior.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>What happened after child/youth started fires?</li> <li>What was the extent of the damage?</li> <li>Was any property damaged or were there any injuries?</li> </ul>	0 Child/youth has engaged in fire setting that resulted in only minor damage (e.g. camp fire in the back yard which scorched some lawn).
	1 Child/youth has engaged in fire setting that resulted only in some property damage that required repair.
	2 Child/youth has engaged in fire setting which caused significant damage to property (e.g. burned down house).
	3 Child/youth has engaged in fire setting that injured self or others.

### PLANNING

This item rates the child/youth's forethought when engaging in fire setting behavior.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Does child/youth plan to set fires or does it spontaneously because the opportunity suddenly presents itself?</li> </ul>	0 No evidence of any planning. Fire setting behavior appears opportunistic or impulsive.
	1 Evidence suggests that child/youth places themselves into situations where the likelihood of fire setting behavior is enhanced.
	2 Evidence of some planning of fire setting behavior.
	3 Considerable evidence of significant planning of fire setting behavior. Behavior is clearly premeditated.

**USE OF ACCELERANTS**

This item rates the child/youth's use of chemicals and other flammable materials (accelerants) to aid the spread of fire or to make the fire more intense.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>Has child/youth used accelerants to start a fire, such as gasoline or anything that will help start a fire rapidly?</li></ul>	0 No evidence of any use of accelerants (e.g., gasoline). Fire setting involved only starters such as matches or a lighter.
	1 Evidence suggests that the fire setting involved some use of mild accelerants (e.g. sticks, paper) but no use of liquid accelerants.
	2 Evidence that fire setting involved the use of a limited amount of liquid accelerants but that some care was taken to limit the size of the fire.
	3 Considerable evidence of significant use of accelerants in an effort to secure a very large and dangerous fire.

**INTENTION TO HARM**

This item rates the extent to which the child/youth intended to injure others when fire setting.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>When child/youth started the fire, did they intend to harm/injure or kill someone?</li><li>Was child/youth seeking revenge?</li></ul>	0 Child/youth did not intend to harm others with fire. They took efforts to maintain some safety.
	1 Child/youth did not intend to harm others but took no efforts to maintain safety.
	2 Child/youth intended to seek revenge or scare others but did not intend physical harm, only intimidation.
	3 Child/youth intended to injure or kill others.

Rate the following items within the last 30 days.

**COMMUNITY SAFETY**

This item rates the level of risk the child/youth poses to the community due to their fire-setting behavior.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>When child/youth started the fires, did they place other people in the community at risk?</li><li>Do other people think that child/youth puts them at risk when they start fires?</li><li>Does child/youth intentionally try to hurt others when they start a fire?</li></ul>	0 Child/youth presents no risk to the community. They could be unsupervised in the community.
	1 Child/youth engages in fire-setting behavior that represents a risk to community property.
	2 Child/youth engages in fire-setting behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the child/youth's behavior.
	3 Child/youth engages in fire-setting behavior that intentionally places community members in danger of significant physical harm. Child/youth attempts to use fires to hurt others.

**RESPONSE TO ACCUSATION**

This item rates the reaction of the child/youth as the child/youth is confronted about their behavior.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>How did child/youth react when accused of setting fires?</li><li>Does child/youth feel remorse for their fire setting?</li></ul>	0 Child/youth admits to behavior and expresses remorse and desire to not repeat.
	1 Child/youth partially admits to behaviors and expresses some remorse.
	2 Child/youth admits to behavior but does not express remorse.
	3 Child/youth neither admits to behavior nor expresses remorse. Child/youth is in complete denial.

**REMORSE**

This item rates the degree to which the child/youth expresses regret for the behavior.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>Does the child/youth feel responsible for starting that fire?</li><li>How did the child/youth apologize for what they did?</li></ul>	0 Child/youth accepts responsibility for behavior and is truly sorry for any damage/risk caused. Child/youth is able to apologize directly to affected people.
	1 Child/youth accepts responsibility for behavior and appears to be sorry for any damage/risk caused. However, child/youth is unable or unwilling to apologize to affected people.
	2 Child/youth accepts some responsibility for behavior but also blames others. May experience sorrow at being caught or receiving consequences. May express sorrow/remorse but only in an attempt to reduce consequences.
	3 Child/youth accepts no responsibility and does not appear to experience any remorse.

**LIKELIHOOD OF FUTURE FIRE SETTING**

This item rates the potential for reoccurrence of fire setting behavior in the future.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>How is the child/youth willing to control self to prevent setting fires in the future?</li></ul>	0 Child/youth is unlikely to set fires in the future. Child/youth is able and willing to exert self-control over fire setting.
	1 Child/youth presents mild to moderate risk of fire setting in the future. Should be monitored but does not require ongoing treatment/intervention.
	2 Child/youth remains at risk of fire setting if left unsupervised. Child/youth struggles with self-control.
	3 Child/youth presents a real and present danger of fire setting in the immediate future. Child/youth is unable or unwilling to exert self-control over fire-setting behavior.

**End of Fire Setting Module**

## VICTIMIZATION/EXPLOITATION\*

This item describes a child/youth who has been victimized by others. This item is used to examine a history and pattern of being the object of abuse and/or whether the child/youth is at current risk for re-victimization. This item includes children or youth who are currently being bullied at school or in their community. It would also include individuals who are victimized in other ways (e.g., sexual abuse, sexual exploitation, inappropriate expectations based on a child's level of development, a child/youth who is forced to take on a parental level of responsibility, etc.).

	Ratings and Descriptions
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• Has the child/youth ever been bullied or the victim of a crime?</li><li>• Has the child/youth traded sexual activity for goods, money, affection or protection?</li><li>• Has the child/youth been a victim of human trafficking?</li><li>• Is the child/youth parentified or has taken on parental responsibilities and has this impacted their functioning?</li></ul>	0 <i>No evidence of any needs; no need for action.</i>
	No evidence that the child/youth has experienced victimization or exploitation. They may have been bullied, robbed or burglarized on one or more occasions in the past, but no pattern of victimization exists. Individual is not presently at risk for re-victimization or exploitation.
	1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i>
	Suspicion or history of victimization or exploitation, but the child/youth has not been victimized to any significant degree in the past year. Individual is not presently at risk for re-victimization or exploitation.
	2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i>
	Child/youth has been recently victimized (within the past year) and may be at risk of re-victimization. This might include physical or sexual abuse, significant psychological abuse by family or friend, sexual exploitation, or violent crime.
	3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i>
	Child/youth has been recently or is currently being victimized or exploited, including human trafficking (e.g., labor or sexual exploitation including the production of pornography, sexually explicit performance, or sexual activity) or living in an abusive relationship, or constantly taking on responsibilities of being a parent to other family members.

**\*For children/youth who have been sexually exploited, a rating of '1', '2' or '3' on this item triggers the completion of the [I] Commercially Sexually Exploited Module. DO NOT complete this module for other types of victimization.**

## [I] COMMERCIALY SEXUALLY EXPLOITED MODULE

The items in this module focus on several different elements/experiences related to sexual exploitation of children and youth. **Please Note:** For the purpose of this module, exploitation is defined as engaging in sexual activities for the exchange of goods.

### DURATION OF EXPLOITATION

This item describes how long the exploitation of the child/youth has occurred.

	Ratings and Descriptions
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• How long has the exploitation occurred?</li></ul>	0 Exploitation has begun in the last three months.
	1 Exploitation has begun in the past year.
	2 Exploitation has been intermittent for more than two years.
	3 Exploitation has been ongoing for more than two years.

**AGE OF ONSET - EXPLOITATION**

This item describes when the exploitation of the child/youth began.

	Ratings and Descriptions								
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>When did the exploitation of the child/youth begin?</li></ul>	<table><tr><td>0</td><td>Exploitation began after the age of 16.</td></tr><tr><td>1</td><td>Exploitation began between the ages of 14 and 16.</td></tr><tr><td>2</td><td>Exploitation began between the ages of 12 and 14.</td></tr><tr><td>3</td><td>Exploitation began prior to age 12.</td></tr></table>	0	Exploitation began after the age of 16.	1	Exploitation began between the ages of 14 and 16.	2	Exploitation began between the ages of 12 and 14.	3	Exploitation began prior to age 12.
0	Exploitation began after the age of 16.								
1	Exploitation began between the ages of 14 and 16.								
2	Exploitation began between the ages of 12 and 14.								
3	Exploitation began prior to age 12.								

**PERCEPTION OF DANGEROUSNESS**

This item describes the child/youth's awareness of the danger involved in their exploitive circumstances and behavior.

	Ratings and Descriptions								
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>Is the child/youth aware that they are in danger?</li></ul>	<table><tr><td>0</td><td>Child/youth is fully aware of the dangerousness of their situation and behavior. Child/youth may take precautions to reduce dangerousness, such as using protection for intercourse or avoiding conflicts.</td></tr><tr><td>1</td><td>Child/youth is partially aware of the dangerousness of their situation and behavior. Child/youth generally fails to take precautions.</td></tr><tr><td>2</td><td>Child/youth is unaware of the dangerousness of their situation and behavior.</td></tr><tr><td>3</td><td>Child/youth actively minimizes the dangerousness of their situation and behavior.</td></tr></table>	0	Child/youth is fully aware of the dangerousness of their situation and behavior. Child/youth may take precautions to reduce dangerousness, such as using protection for intercourse or avoiding conflicts.	1	Child/youth is partially aware of the dangerousness of their situation and behavior. Child/youth generally fails to take precautions.	2	Child/youth is unaware of the dangerousness of their situation and behavior.	3	Child/youth actively minimizes the dangerousness of their situation and behavior.
0	Child/youth is fully aware of the dangerousness of their situation and behavior. Child/youth may take precautions to reduce dangerousness, such as using protection for intercourse or avoiding conflicts.								
1	Child/youth is partially aware of the dangerousness of their situation and behavior. Child/youth generally fails to take precautions.								
2	Child/youth is unaware of the dangerousness of their situation and behavior.								
3	Child/youth actively minimizes the dangerousness of their situation and behavior.								

**KNOWLEDGE OF EXPLOITATION**

This item describes whether the child/youth recognizes that they are being exploited. This includes knowledge of the abuse in the relationship with the exploiter(s) and exploitation related activity.

	Ratings and Descriptions								
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>Does the child/youth know that they are being exploited?</li></ul>	<table><tr><td>0</td><td>Child/youth understands that they are currently being exploited.</td></tr><tr><td>1</td><td>Child/youth has some understanding that they might currently be exploited, however, the child/youth is unsure.</td></tr><tr><td>2</td><td>Child/youth is unaware of their exploitation.</td></tr><tr><td>3</td><td>Child/youth actively denies and/or rationalizes their exploitation.</td></tr></table>	0	Child/youth understands that they are currently being exploited.	1	Child/youth has some understanding that they might currently be exploited, however, the child/youth is unsure.	2	Child/youth is unaware of their exploitation.	3	Child/youth actively denies and/or rationalizes their exploitation.
0	Child/youth understands that they are currently being exploited.								
1	Child/youth has some understanding that they might currently be exploited, however, the child/youth is unsure.								
2	Child/youth is unaware of their exploitation.								
3	Child/youth actively denies and/or rationalizes their exploitation.								



### TRAUMA BOND

This item describes the emotional bond that the child/youth feels towards their exploiter(s). This emotional bond is formed as a result of the cycle of abuse, the power differential between the child/youth and exploiter(s), and intermittent reinforcement that the child/youth receives. Trauma bonding does not necessitate a lot of time in or consistency of relationship with an exploiter.

#### Questions to Consider

- Does the child/youth have an attachment towards their exploiter?
- Does the child/youth believe that the exploiter cares for them?

#### Ratings and Descriptions

- 0 No evidence of the child/youth having a relationship with an exploiter.
- 1 Exploitation exists in the child/youth's world or environment – e.g., sibling is exploited, or friend is an exploiter – but the child/youth is not currently being exploited. If the child/youth was previously exploited, the emotional connection to the exploiter(s) is minimal as is the exploiter's influence over the child/youth.
- 2 Child/youth responds positively to the exploiter(s), finding safety and stability in the exploitative relationship(s). Child/youth may occasionally recognize that the exploiter(s) is not operating with their best interest in mind, but the child/youth continues to empathize with the exploiter(s), minimize their exploitation, and remain actively connected to the exploiter(s).
- 3 Child/youth experiences extreme distress when not actively engaged with an exploiter. Child/youth denies the exploitation and normalizes the relationship with the exploiter(s) (e.g., child/youth may experience harm towards them by the exploiter(s) as expressions of love or a special connection). Child/youth may protect the exploiter(s) from accusations of exploitation. Child/youth is unable to perceive alternatives to exploitation, placing them in dangerous situations that require immediate and/or intensive action.

### EXPLOITATION OF OTHERS

This item describes child/youth's involvement in the exploitation of others. The exploitation of others may result from trauma or need for survival.

#### Questions to Consider

- Does the child/youth expose others to exploitation?
- Does the child/youth recruit others into exploitation?

#### Ratings and Descriptions

- 0 No evidence that the child/youth exploits other people.
- 1 Child/youth occasionally exposes other to exploitation, potentially grooming others for exploitation.
- 2 Child/youth actively recruits others into exploitation.
- 3 Child/youth is facilitating others' exploitation. Child/youth's exploitation of others is putting at least one of these individuals at risk of harm.

**REPRODUCTIVE HEALTH**

This item describes any needs related to the child/youth's reproductive health and/or sexual health practices, including treatment for sexually transmitted diseases, pre-natal care, education regarding safe sex practices, etc.

Questions to Consider <ul style="list-style-type: none"><li>Does the child/youth have any reproductive health needs?</li></ul>	Ratings and Descriptions
	0 No evidence of need.
	1 Child/youth may have a history of a need related to their reproductive/sexual health, but is currently not experiencing any active symptoms or behaviors that would suggest a need in this area.
	2 Child/youth is in need of assistance to treat/address reproductive health needs and/or sexual health practices.
	3 Child/youth is in immediate need of assistance to treat/address reproductive health needs and/or sexual health practices. This may include high risk pregnancies or sexual health practices.

**ARRESTS FOR LOITERING/SOLICITATION**

This item includes arrests for crimes committed during or associated with exploitation.

Questions to Consider <ul style="list-style-type: none"><li>Has the child/youth ever been arrested for loitering or solicitation that was associated with exploitation?</li></ul>	Ratings and Descriptions
	0 Child/youth has not been arrested for loitering or soliciting.
	1 Child/youth has been arrested once or twice for loitering or soliciting.
	2 Child/youth has been arrested three, four or five times for loitering or soliciting.
	3 Child/youth has been arrested six or more times for loitering or soliciting.

**EXPLOITATION HISTORY**

This item describes any history of involvement in exploitation of the youth's family.

Questions to Consider <ul style="list-style-type: none"><li>Does the child/youth's family have a history of involvement in exploitation?</li><li>Have any family members involved the child/youth in exploitation with them?</li></ul>	Ratings and Descriptions
	0 Family members have no known history of involvement in exploitation.
	1 One family member has some history of involvement in exploitation. This exploitation history has not affected relationships in the family.
	2 One or more family members have known history of involvement in exploitation. The members of the family have been exposed to this exploitation history.
	3 One or more family members have involved the youth in exploitation with them.

**End of Commercially Sexually Exploited Module**

**SEXUALLY PROBLEMATIC BEHAVIOR\***

This item describes issues around sexual behavior including developmentally inappropriate sexual behavior and problematic sexual behavior.

	Ratings and Descriptions
Questions to Consider	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of problems with sexual behavior.</p>
<ul style="list-style-type: none"> <li>Has the child/youth ever been involved in sexual activities or done anything sexually inappropriate?</li> </ul>	<p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or evidence of problems with sexual behavior. This includes occasional inappropriate sexual behavior, language or dress. Poor boundaries with regards to physical/sexual contact may be rated here.</p>
<ul style="list-style-type: none"> <li>Has the child/youth ever had difficulties with sexualized behavior or problems with physical/sexual boundaries?</li> </ul>	<p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Individual's problems with sexual behavior are impairing functioning in at least one life area. For example, frequent inappropriate sexual behavior or disinhibition, including public disrobing, multiple older sexual partners or frequent sexualized language. Age-inappropriate sexualized behavior, or lack of physical/sexual boundaries is rated here.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Severe problems with sexual behavior including sexual exploitation, exhibitionism, sexually aggressive behavior or other severe sexualized or sexually reactive behavior.</p>

**\*A rating of '1', '2' or '3' on this item triggers the completion of the [J] Sexually Problematic Behavior Module.**

## [J] SEXUALLY PROBLEMATIC BEHAVIOR MODULE

**HYPERSEXUALITY**

This item refers to frequent sexual behavior that leads to functional impairment.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Does the child/youth have more interest in sex or sexual activity than is developmentally appropriate?</li> </ul>	<p>0 Child/youth does not exhibit evidence of increased sexual drive or interest.</p>
<ul style="list-style-type: none"> <li>Is the child/youth's interest in sex or sexual activity interfering with their functioning?</li> </ul>	<p>1 Child/youth has history of elevated sexual drive or interest, or is exhibiting elevated sexual drive or interest, but it has not affected functioning.</p> <p>2 Increased sex drive or interest is interfering with the child/youth's functioning.</p> <p>3 Increased sex drive or interest is either dangerous or disabling to the child/youth.</p>

**HIGH RISK SEXUAL BEHAVIOR**

This item refers to sexual behavior that places the child/youth at risk. This sexual behavior may or may not involve multiple partners.

**Questions to Consider**

- Is the child/youth's sexual activity developmentally normative and healthy?
- Does the child/youth's sexual activity put them at risk for abuse, unwanted pregnancy or sexually transmitted infections?

**Ratings and Descriptions**

- 0 No evidence of sexual behavior beyond what is developmentally appropriate.
- 1 Child/youth has history of high-risk sexual behavior, or there is current suspicion of high-risk sexual behavior but not in the past six months.
- 2 Child/youth engages in high risk sexual behaviors that interfere with their functioning.
- 3 Child/youth engages in a dangerous level of sexual behaviors, or with partners who are abusive or otherwise physically dangerous.

**MASTURBATION**

This item refers to genital self-stimulation for sexual gratification.

**Questions to Consider**

- Does the child/youth's masturbatory behavior place them at risk or impair their functioning?

**Ratings and Descriptions**

- 0 When and if a child/youth masturbates, it is kept safe, private, and discreet.
- 1 History or evidence of masturbatory behavior that is private but not always discreet. For example, a child/youth who gets caught masturbating multiple times by caregiver.
- 2 Child/youth engages in masturbatory behaviors that interferes with their functioning. An occasion of public masturbation might be rated here.
- 3 Child/youth engages in masturbatory behavior that places them at high risk for significant sanctions, negatively impacts or traumatizes others, or has a potential for physical self-harm. Multiple public masturbations would be rated here.

**SEXUALLY REACTIVE BEHAVIOR**

Sexually reactive behavior includes age-inappropriate sexualized behaviors that may place the child/youth at risk for victimization, and risky sexual practices. These behaviors may be a response to sexual abuse and/or other traumatic experiences.

**Questions to Consider**

- Does the child/youth exhibit sexually provocative behavior?
- Could the child/youth's sexualized behavior be a response to sexual abuse or other traumatic experiences?
- Does the child/youth's sexual behavior place them at risk?

**Ratings and Descriptions**

- 0 No evidence of problems with sexually reactive behaviors or high-risk sexual behaviors.
- 1 Child/youth has a history of sexually reactive behaviors, or there is suspicion of current sexually reactive behavior. Child/youth may exhibit occasional inappropriate sexual language or behavior, flirts when age-inappropriate, or engages in unprotected sex with a single partner. This behavior does not place the child/youth at great risk.
- 2 Child/youth exhibits more frequent sexually provocative behaviors in a manner that impairs their functioning. Examples include engaging in promiscuous sexual behaviors or having unprotected sex with multiple partners. This would include a young child's age-inappropriate sexualized behavior.
- 3 Child/youth exhibits severe and/or dangerous sexually provocative behaviors that place them or others at immediate risk of victimization or harm.

**SEXUAL AGGRESSION\***

This item describes sexual behavior that could result in charges being made against the child/youth. Sexual aggression includes the use or threat of physical force or taking advantage of a power differential to engage in non-consenting sexual activity. An adult who sexually abuses a child or youth would be rated here.

**Questions to Consider**

- Has the child/youth ever been accused of being sexually aggressive or being a sexual predator?
- Has the child/youth ever been accused of sexually harassing others or using sexual language?
- Has the child/youth had sexual contact with a younger child/youth?

**Ratings and Descriptions**

- 0 No evidence of sexually aggressive behavior.
- 1 History of sexually aggressive behavior (but not in past year) OR sexually inappropriate non-physical behavior in the past year that troubles others such as harassing talk or language. For example, occasional inappropriate sexually aggressive/harassing language or behavior.
- 2 Child/youth engages in sexually aggressive behavior that impairs their functioning. For example, frequent inappropriate sexual behavior (e.g., inappropriate touching).
- 3 Child/youth engages in a dangerous level of sexually aggressive behavior. This would indicate the rape or sexual abuse of another person involving sexual penetration.

**\*A rating of '1', '2' or '3' on this item triggers the completion of the [J1] Sexually Aggressive Behavior Sub-Module.**

**[J1] SEXUALLY AGGRESSIVE BEHAVIOR SUB-MODULE****PHYSICAL FORCE/THREAT**

Please rate the highest level from the most recent episode of sexual behavior. This item should be rated only for the perpetrator.

**Questions to Consider**

- Does the child/youth use or threaten to use physical force towards others in commission of the sex act?

**Ratings and Descriptions**

- 0 No evidence of the use of any physical force or threat of force in either the commission of the sex act or in attempting to hide it.
- 1 Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act. History of problem may be rated here.
- 2 Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm.
- 3 Evidence of severe physical force in the commission of the sex act. Victim harmed or at risk for physical harm from the use of force (e.g., gun or knife).

**PLANNING**

Please rate the highest level from the most recent episode of sexual behavior. This item should be rated only for the perpetrator.

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>Does the child/youth plan their sexual activities, or do they happen spontaneously?</li> </ul>	<p>Ratings and Descriptions</p> <p>0 No evidence of any planning.</p> <hr/> <p>1 Some evidence of efforts to get into situations where likelihood of opportunities for inappropriate sexual activity is enhanced. History of problem is rated here.</p> <hr/> <p>2 Evidence of some planning of inappropriate sexual activity. For example, a child/youth who looks for opportunities such as the absence of adults or others, or particular situations in which they could carry out an act of sexual aggression or inappropriate behavior.</p> <hr/> <p>3 Considerable evidence of inappropriate or predatory sexual behavior in which victim and/or scenario is identified prior to the act, and the act is premeditated. A child/youth who has considered and weighed multiple factors relating to grooming, environment, absence or presence of others and timing, indicating a high degree of planning, would be rated here.</p>
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**AGE DIFFERENTIAL**

Please rate the highest level from the most recent episode of sexual behavior. This item should be rated only for the perpetrator.

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>What is the age of the individual the child/youth has had sex with?</li> </ul>	<p>Ratings and Descriptions</p> <p>0 Ages of the perpetrator and victim and/or participants is essentially equivalent (less than 3 years apart).</p> <hr/> <p>1 Age differential between perpetrator and victim and/or participants is 3 to 4 years. A history of significant age differential would be rated here.</p> <hr/> <p>2 Age differential between perpetrator and victim at least 5 years, but perpetrator is less than 13 years old.</p> <hr/> <p>3 Age differential between perpetrator and victim at least 5 years and perpetrator is 13 years old or older.</p>
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**RELATIONSHIP**

This item rates the nature of the relationship between the child/youth and the victim of their aggression. Please rate the most recent episode of sexual behavior.

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>How does the child/youth know the other individual involved?</li> <li>Did the sexual aggression include physical harm to another person?</li> </ul>	<p>Ratings and Descriptions</p> <p>0 No evidence of victimizing others. All parties in sexual activity appear to be consenting. No power differential.</p> <hr/> <p>1 Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this child/youth being in the position of authority.</p> <hr/> <p>2 Child/youth is clearly victimizing at least one other person through sexually abusive behavior.</p> <hr/> <p>3 Child/youth is severely victimizing at least one other individual through sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior.</p>
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**TYPE OF SEX ACT**

This item rates the kind of the sex act involved in the aggression. Rate the most serious type of aggression present.

	Ratings and Descriptions								
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• What was the exact act(s) involved in the child/youth's sexual aggression?</li></ul>	<table><tr><td>0</td><td>Sex act(s) involve touching or fondling only.</td></tr><tr><td>1</td><td>Sex act(s) involve fondling plus possible penetration with fingers or oral sex.</td></tr><tr><td>2</td><td>Sex act(s) involve penetration into genitalia or anus with body part.</td></tr><tr><td>3</td><td>Sex act involves physically dangerous penetration due to differential size or use of an object.</td></tr></table>	0	Sex act(s) involve touching or fondling only.	1	Sex act(s) involve fondling plus possible penetration with fingers or oral sex.	2	Sex act(s) involve penetration into genitalia or anus with body part.	3	Sex act involves physically dangerous penetration due to differential size or use of an object.
0	Sex act(s) involve touching or fondling only.								
1	Sex act(s) involve fondling plus possible penetration with fingers or oral sex.								
2	Sex act(s) involve penetration into genitalia or anus with body part.								
3	Sex act involves physically dangerous penetration due to differential size or use of an object.								

**RESPONSE TO ACCUSATION**

This item rates how the child/youth responded to the accusation, and the remorse felt by the child/youth.

	Ratings and Descriptions								
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• Is the child/youth sorry for their behavior?</li><li>• Do they admit to the sex acts?</li></ul>	<table><tr><td>0</td><td>Child/youth admits to behavior and expresses remorse and desire to not repeat.</td></tr><tr><td>1</td><td>Child/youth partially admits to behaviors and expresses some remorse.</td></tr><tr><td>2</td><td>Child/youth admits to behavior but does not express remorse.</td></tr><tr><td>3</td><td>Child/youth neither admits to behavior nor expresses remorse. Child/youth is in complete denial.</td></tr></table>	0	Child/youth admits to behavior and expresses remorse and desire to not repeat.	1	Child/youth partially admits to behaviors and expresses some remorse.	2	Child/youth admits to behavior but does not express remorse.	3	Child/youth neither admits to behavior nor expresses remorse. Child/youth is in complete denial.
0	Child/youth admits to behavior and expresses remorse and desire to not repeat.								
1	Child/youth partially admits to behaviors and expresses some remorse.								
2	Child/youth admits to behavior but does not express remorse.								
3	Child/youth neither admits to behavior nor expresses remorse. Child/youth is in complete denial.								

**TEMPORAL CONSISTENCY**

Temporal consistency relates to a child/youth's patterns and history of sexually problematic behavior.

	Ratings and Descriptions								
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• How long has the child/youth exhibited sexually problematic behavior(s)?</li></ul>	<table><tr><td>0</td><td>This level indicates a child/youth who has never exhibited sexually abusive behavior or who has developed this behavior only in the past three months following a clear stressor.</td></tr><tr><td>1</td><td>This level indicates a child/youth who has been sexually abusive during the past two years OR who has become sexually abusive in the past three months despite the absence of any clear stressors.</td></tr><tr><td>2</td><td>This level indicates a child/youth who has been sexually abusive for an extended period of time (e.g. more than two years), but who has had significant symptom-free periods.</td></tr><tr><td>3</td><td>This level indicates a child/youth who has been sexually abusive for an extended period of time (e.g. more than two years) without significant symptom-free periods.</td></tr></table>	0	This level indicates a child/youth who has never exhibited sexually abusive behavior or who has developed this behavior only in the past three months following a clear stressor.	1	This level indicates a child/youth who has been sexually abusive during the past two years OR who has become sexually abusive in the past three months despite the absence of any clear stressors.	2	This level indicates a child/youth who has been sexually abusive for an extended period of time (e.g. more than two years), but who has had significant symptom-free periods.	3	This level indicates a child/youth who has been sexually abusive for an extended period of time (e.g. more than two years) without significant symptom-free periods.
0	This level indicates a child/youth who has never exhibited sexually abusive behavior or who has developed this behavior only in the past three months following a clear stressor.								
1	This level indicates a child/youth who has been sexually abusive during the past two years OR who has become sexually abusive in the past three months despite the absence of any clear stressors.								
2	This level indicates a child/youth who has been sexually abusive for an extended period of time (e.g. more than two years), but who has had significant symptom-free periods.								
3	This level indicates a child/youth who has been sexually abusive for an extended period of time (e.g. more than two years) without significant symptom-free periods.								

**HISTORY OF SEXUALLY AGGRESSIVE BEHAVIOR (toward others)**

This item rates the quantity of sexually aggressive behaviors exhibited by the child/youth.

	Ratings and Descriptions								
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• How many incidents have been identified and/or investigated?</li><li>• How many victims have been identified?</li></ul>	<table><tr><td data-bbox="446 714 503 808">0</td><td data-bbox="503 714 1484 808">Child/youth has only one incident of sexually abusive behavior that has been identified and/or investigated.</td></tr><tr><td data-bbox="446 808 503 892">1</td><td data-bbox="503 808 1484 892">Child/youth has two or three incidents of sexually abusive behavior that have been identified and/or investigated.</td></tr><tr><td data-bbox="446 892 503 976">2</td><td data-bbox="503 892 1484 976">Child/youth has four to ten incidents of sexually abusive behavior that have been identified and/or investigated with more than one victim.</td></tr><tr><td data-bbox="446 976 503 1058">3</td><td data-bbox="503 976 1484 1058">Child/youth has more than ten incidents of sexually abusive behavior with more than one victim.</td></tr></table>	0	Child/youth has only one incident of sexually abusive behavior that has been identified and/or investigated.	1	Child/youth has two or three incidents of sexually abusive behavior that have been identified and/or investigated.	2	Child/youth has four to ten incidents of sexually abusive behavior that have been identified and/or investigated with more than one victim.	3	Child/youth has more than ten incidents of sexually abusive behavior with more than one victim.
0	Child/youth has only one incident of sexually abusive behavior that has been identified and/or investigated.								
1	Child/youth has two or three incidents of sexually abusive behavior that have been identified and/or investigated.								
2	Child/youth has four to ten incidents of sexually abusive behavior that have been identified and/or investigated with more than one victim.								
3	Child/youth has more than ten incidents of sexually abusive behavior with more than one victim.								

**End of Sexually Aggressive Behavior Sub-Module**

**End of Sexually Problematic Behavior Module**



# CULTURAL FACTORS DOMAIN

These items identify linguistic or cultural issues for which service providers need to make accommodations (e.g., provide interpreter, finding therapist who speaks family's primary language, and/or ensure that a child/youth in placement has the opportunity to participate in cultural rituals associated with their cultural identity). Items in the Cultural Factors Domain describe difficulties that children and youth may experience or encounter as a result of their membership in any cultural group, and/or because of the relationship between members of that group and members of the dominant society.

Health care disparities are differences in health care quality, affordability, access, utilization and outcomes between groups. Culture in this domain is described broadly to include cultural groups that are racial, ethnic or religious, or are based on age, sexual orientation, gender identity, socio-economic status and/or geography. Literature exploring issues of health care disparity states that race and/or ethnic group membership may be a primary influence on health outcomes.

It is important to remember when using the CANS that the family should be defined from the individual child/youth's perspective (i.e., who the individual describes as part of their family). The cultural issues in this domain should be considered in relation to the impact they are having on the life of the individual when rating these items and creating a treatment or service plan.

**Question to Consider for this Domain:** How does the child/youth's membership in a particular cultural group impact their stress and well-being?

For the **Cultural Factors Domain**, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

## LANGUAGE

This item looks at whether the child/youth and family need help with communication to obtain the necessary resources, supports and accommodations (e.g., interpreter). This item includes spoken, written, and sign language, as well as issues of literacy.

### Questions to Consider

- What language does the family speak at home?
- Is there a child/youth interpreting for the family in situations that may compromise the child/youth or family's care?

### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence that there is a need or preference for an interpreter and/or the child/youth and family speak and read the primary language where the child/youth or family lives.
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
Child/youth and/or family speak or read the primary language where the child/youth or family lives, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language. [continues]

## LANGUAGE continued

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>Does the child/youth or significant family members have any special needs related to communication (e.g., ESL, ASL, Braille, or assisted technology)?</li> </ul>	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Child/youth and/or significant family members do not speak the primary language where the child/youth or family lives. Translator or family's native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports.</p> <hr/> <p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Child/youth and/or significant family members do not speak the primary language where the child/youth or family lives. Translator or family's native language speaker is needed for successful intervention; no such individual is available from among natural supports.</p>
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## TRADITIONS AND CULTURAL RITUALS

This item rates the child/youth and family's access to and participation in cultural traditions, rituals and practices, including the celebration of culturally specific holidays such as Kwanza, Dia de los Muertos, Yom Kippur, Quinceanera, etc. This also may include daily activities that are culturally specific (e.g., wearing a hijab, praying toward Mecca at specific times, eating a specific diet, access to media), and traditions and activities to include newer cultural identities.

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>What holidays does the child/youth celebrate?</li> <li>What traditions are important to the child/youth?</li> <li>Does the child/youth fear discrimination for practicing the child/youth's traditions and rituals?</li> </ul>	<p>Ratings and Descriptions</p> <p>0 <i>No evidence of any needs; no need for action.</i></p> <p>Child/youth and/or family consistently practice their chosen traditions and rituals consistent with their cultural identity.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i></p> <p>Child/youth and/or family generally practice their chosen traditions and rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these practices.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Child/youth and/or family experience significant barriers and are sometimes prevented from practicing their chosen traditions and rituals consistent with their cultural identity.</p> <hr/> <p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Child/youth and/or family are unable to practice their chosen traditions and rituals consistent with their cultural identity.</p>
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## CULTURAL STRESS

This item identifies circumstances in which the child/youth's cultural identity is met with hostility or other problems within the child/youth's environment due to differences in attitudes, behavior, or beliefs of others (this includes cultural differences that are causing stress between the child/youth and their family). Racism, negativity toward sexual orientation, gender identity and expression (SOGIE) and other forms of discrimination would be rated here.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>What does the family believe is their reality of discrimination? How do they describe discrimination or oppression?</li><li>Does this impact their functioning as both individuals and as a family?</li><li>How does the caregiver support the child/youth's identity and experiences if different from the caregiver's own?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> No evidence of stress between the child/youth's cultural identity and current environment or living situation.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Some mild or occasional stress resulting from friction between the child/youth's cultural identity and current environment or living situation.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth is experiencing cultural stress that is causing problems of functioning in at least one life domain. Child/youth needs support to learn how to manage culture stress.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Child/youth needs immediate plan to reduce culture stress.

## CULTURAL DIFFERENCES WITHIN THE FAMILY

Sometimes child/youth members within a family have different backgrounds, values and/or perspectives. This might occur in a family where a child is adopted from a different race, culture, ethnicity, or socioeconomic status. The parent may struggle to understand or lack awareness of the child/youth's experience of discrimination. Additionally, this may occur in families where the parents are first generation immigrants to the United States. The child/youth may refuse to adhere to certain cultural practices, choosing instead to participate more in popular US culture.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>Do the parents and the child/youth have different understandings of appropriate behaviors that are rooted in cultural traditions?</li><li>Do the family and child/youth understand and respect each other's perspectives?</li><li>Do the family and child/youth have conflicts that result from different cultural perspectives?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> No evidence of conflict, stress, or disengagement within the family due to cultural differences or family is able to communicate effectively in this area.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth and family have struggled with cultural differences in the past but are currently managing them well or there are mild issues of disagreement.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth and family experience difficulties managing cultural differences within the family that negatively impacts the functioning of the child/youth.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth and family experience such significant difficulty managing cultural differences within the family that it interferes with their functioning and/or requires immediate action.

# POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES

For the **Potentially Traumatic/Adverse Childhood Experiences Domain**, the following categories and action levels are used:

No	No evidence of any trauma of this type.
Yes	Child/youth has had experience or there is suspicion that child/youth has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.

**Rate the following items within the child/youth's lifetime.**

## SEXUAL ABUSE

This item describes whether or not the child/youth has experienced sexual abuse.

### Questions to Consider

- Has the caregiver or child/youth disclosed sexual abuse?
- How often did the abuse occur?
- Did the abuse result in physical injury?

### Ratings and Descriptions

- No** There is no evidence that the child/youth has experienced sexual abuse.
- Yes** Child/youth has experienced sexual abuse, or there is a suspicion that they have experienced sexual abuse – single or multiple episodes, or chronic over an extended period of time. The abuse may have involved penetration, multiple perpetrators, and/or associated physical injury. Child/youth with exposure to secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) should be rated here.

## PHYSICAL ABUSE

This item describes whether or not the child/youth has experienced physical abuse.

### Questions to Consider

- Is physical discipline used in the home? What forms?
- Has the child/youth ever received bruises, marks, or injury from discipline?

### Ratings and Descriptions

- No** There is no evidence that the child/youth has experienced physical abuse.
- Yes** Child/youth has experienced or there is a suspicion that they have experienced physical abuse – mild to severe, or repeated physical abuse with sufficient physical harm requiring medical treatment.

## NEGLECT

This item describes whether or not the child/youth has experienced neglect. Neglect can refer to a lack of food, shelter or supervision (physical neglect), lack of access to needed medical care (medical neglect), or failure to receive academic instruction (educational neglect).

### Questions to Consider

- Is child/youth receiving adequate supervision?
- Are basic needs for food and shelter being met?
- Is the child/youth allowed access to necessary medical care? Education?

### Ratings and Descriptions

No There is no evidence that the child/youth has experienced neglect.

Yes Child/youth has experienced neglect, or there is a suspicion that they have experienced neglect. This includes occasional neglect (e.g., child/youth left home alone for a short period of time when developmentally inappropriate and with no adult supervision, or occasional failure to provide adequate supervision); multiple and/or prolonged absences of adults, with minimal supervision; or failure to provide basic necessities of life (adequate food, shelter, or clothing) on a regular basis.

## EMOTIONAL ABUSE

This item rates whether the child/youth has experienced verbal and nonverbal emotional abuse, including belittling, shaming, and humiliating, calling names, making negative comparisons to others, or telling the child/youth that they are “no good.” This item includes both “emotional abuse,” which would include psychological maltreatment such as insults or humiliation towards a child/youth and “emotional neglect,” described as the denial of emotional attention and/or support from caregivers.

### Questions to Consider

- How does the caregiver talk to/interact with the child/youth?
- Is there name calling or shaming in the home?

### Ratings and Descriptions

No There is no evidence that child/youth has experienced emotional abuse.

Yes Child/youth has experienced emotional abuse, or there is a suspicion that they have experienced emotional abuse (mild to severe, for any length of time) including: insults or occasionally being referred to in a derogatory manner by caregivers, being denied emotional attention or completely ignored, or threatened/terrorized by others.

## MEDICAL TRAUMA

This item describes whether or not the child/youth has experienced medically-related trauma, resulting from, for example, inpatient hospitalizations, outpatient procedures, and significant injuries.

### Questions to Consider

- Has the child/youth had any broken bones, stitches or other medical procedures?
- Has the child/youth had to go to the emergency room, or stay overnight in the hospital?

### Ratings and Descriptions

No There is no evidence that the child/youth has experienced any medical trauma.

Yes Child/youth has had a medical experience that was perceived as emotionally or mentally overwhelming. This includes events that were acute in nature and did not result in ongoing medical needs; associated distress such as minor surgery, stitches or bone setting; acute injuries and moderately invasive medical procedures such as major surgery that required only short term hospitalization; events that may have been life threatening and may have resulted in chronic health problems that alter the child/youth's physical functioning. A suspicion that a child/youth has had a medical experience that was perceived as emotionally or mentally overwhelming should be rated here.

**Supplemental Information:** This item takes into account the impact of the event on the child/youth. It describes experiences in which the child/youth is subjected to medical procedures that are experienced as upsetting and overwhelming. A child/youth born with physical deformities who is subjected to multiple surgeries could be included. A child/youth who must experience chemotherapy or radiation could also be included. Children/youth who experience an accident and require immediate medical intervention that results in on-going physical limitations or deformities (e.g., burn victims) could be included here. Common medical procedures, which are generally not welcome or pleasant but are also not emotionally or psychologically overwhelming for children/youth (e.g., shots, pills) would generally not be rated here.

**NATURAL OR MANMADE DISASTER**

This item describes the child/youth's exposure to either natural or manmade disasters.

Questions to Consider	Ratings and Descriptions				
<ul style="list-style-type: none"><li>Has the child/youth been present during a natural or manmade disaster?</li><li>Does the child/youth watch television shows containing these themes or overhear adults talking about these kinds of disasters?</li></ul>	<table><tr><td>No</td><td>There is no evidence that the child/youth has experienced, been exposed to or witnessed natural or manmade disasters.</td></tr><tr><td>Yes</td><td>Child/youth has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand (i.e. on television, hearing others discuss disasters). This includes disasters such as a fire or earthquake or manmade disaster; car accident, plane crashes, or bombings; observing a caregiver who has been injured in a car accident or fire or watching a neighbor's house burn down; a disaster that caused significant harm or death to a loved one; or there is an ongoing impact or life disruption due to the disaster (e.g. caregiver loses job). A suspicion that the child/youth has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand would be rated here.</td></tr></table>	No	There is no evidence that the child/youth has experienced, been exposed to or witnessed natural or manmade disasters.	Yes	Child/youth has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand (i.e. on television, hearing others discuss disasters). This includes disasters such as a fire or earthquake or manmade disaster; car accident, plane crashes, or bombings; observing a caregiver who has been injured in a car accident or fire or watching a neighbor's house burn down; a disaster that caused significant harm or death to a loved one; or there is an ongoing impact or life disruption due to the disaster (e.g. caregiver loses job). A suspicion that the child/youth has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand would be rated here.
No	There is no evidence that the child/youth has experienced, been exposed to or witnessed natural or manmade disasters.				
Yes	Child/youth has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand (i.e. on television, hearing others discuss disasters). This includes disasters such as a fire or earthquake or manmade disaster; car accident, plane crashes, or bombings; observing a caregiver who has been injured in a car accident or fire or watching a neighbor's house burn down; a disaster that caused significant harm or death to a loved one; or there is an ongoing impact or life disruption due to the disaster (e.g. caregiver loses job). A suspicion that the child/youth has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand would be rated here.				

**WITNESS TO FAMILY VIOLENCE**

This item describes exposure to violence within the child/youth's home or family.

Questions to Consider	Ratings and Descriptions				
<ul style="list-style-type: none"><li>Is there frequent fighting in the child/youth's family?</li><li>Does the fighting ever become physical?</li></ul>	<table><tr><td>No</td><td>There is no evidence the child/youth has witnessed family violence.</td></tr><tr><td>Yes</td><td>Child/youth has witnessed, or there is a suspicion that they have witnessed family violence – single, repeated, or severe episodes. This includes episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) and episodes in which significant injuries have occurred as a direct result of the violence.</td></tr></table>	No	There is no evidence the child/youth has witnessed family violence.	Yes	Child/youth has witnessed, or there is a suspicion that they have witnessed family violence – single, repeated, or severe episodes. This includes episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) and episodes in which significant injuries have occurred as a direct result of the violence.
No	There is no evidence the child/youth has witnessed family violence.				
Yes	Child/youth has witnessed, or there is a suspicion that they have witnessed family violence – single, repeated, or severe episodes. This includes episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) and episodes in which significant injuries have occurred as a direct result of the violence.				

**WITNESS TO COMMUNITY/SCHOOL VIOLENCE**

This item describes the exposure to incidents of violence the child/youth has witnessed or experienced in their community. This includes witnessing violence at the child/youth's school or educational setting.

Questions to Consider	Ratings and Descriptions				
<ul style="list-style-type: none"><li>Does the child/youth live in a neighborhood with frequent violence?</li><li>Has the child/youth witnessed or directly experienced violence at their school?</li></ul>	<table><tr><td>No</td><td>There is no evidence that the child/youth has witnessed violence in the community or in school.</td></tr><tr><td>Yes</td><td>Child/youth has witnessed or experienced violence in the community or in school, such as: fighting; friends/family injuries as a result of violence; severe and repeated instances of violence and/or the death of another person in their community/school as a result of violence; is the direct victim of violence/criminal activity in the community/school that was life threatening; or has experienced chronic/ongoing impact as a result of community/school violence (e.g., family member injured and no longer able to work). A suspicion that the child/youth has witnessed or experienced violence in the community would be rated here.</td></tr></table>	No	There is no evidence that the child/youth has witnessed violence in the community or in school.	Yes	Child/youth has witnessed or experienced violence in the community or in school, such as: fighting; friends/family injuries as a result of violence; severe and repeated instances of violence and/or the death of another person in their community/school as a result of violence; is the direct victim of violence/criminal activity in the community/school that was life threatening; or has experienced chronic/ongoing impact as a result of community/school violence (e.g., family member injured and no longer able to work). A suspicion that the child/youth has witnessed or experienced violence in the community would be rated here.
No	There is no evidence that the child/youth has witnessed violence in the community or in school.				
Yes	Child/youth has witnessed or experienced violence in the community or in school, such as: fighting; friends/family injuries as a result of violence; severe and repeated instances of violence and/or the death of another person in their community/school as a result of violence; is the direct victim of violence/criminal activity in the community/school that was life threatening; or has experienced chronic/ongoing impact as a result of community/school violence (e.g., family member injured and no longer able to work). A suspicion that the child/youth has witnessed or experienced violence in the community would be rated here.				

## WAR/TERRORISM AFFECTED

This item describes the child/youth's exposure to war, political violence, torture or terrorism.

Ratings and Descriptions	
Questions to Consider	
<ul style="list-style-type: none"><li>Has the child/youth or their family lived in a war torn region?</li><li>How close was the child/youth to war or political violence, torture or terrorism?</li><li>Was the family displaced?</li></ul>	<p>No No evidence that the child/youth has been exposed to war, political violence, torture or terrorism.</p> <p>Yes Child/youth has experienced, or there is suspicion that they have experienced or been affected by war, terrorism or political violence. Examples include: Family members directly related to the child/youth may have been exposed to war, political violence, or torture resulting in displacement, injury or disability, or death; parents may have been physically or psychologically disabled from the war and are unable to adequately care for the child/youth; child/youth may have spent an extended amount of time in a refugee camp, or feared for their own life during war or terrorism due to bombings or shelling very near to them; child/youth may have been directly injured, tortured, or kidnapped in a terrorist attack; child/youth may have served as a soldier, guerrilla, or other combatant in their home country. Also included is a child/youth who did not live in war or terrorism-affected region or refugee camp, but family was affected by war.</p>

**Supplemental Information:** Terrorism is defined as "the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious or ideological." Terrorism includes attacks by individuals acting in isolation (e.g. sniper attacks).

## VICTIM/WITNESS TO CRIMINAL ACTIVITY

This item describes the child/youth's exposure to criminal activity. Criminal behavior includes any behavior for which an adult could go to prison including drug dealing, assault or battery.

Ratings and Descriptions	
Questions to Consider	
<ul style="list-style-type: none"><li>Has the child/youth or someone in their family ever been the victim of a crime?</li><li>Has the child/youth seen criminal activity in the community or home?</li></ul>	<p>No There is no evidence that the child/youth has been victim or a witness to criminal activity.</p> <p>Yes Child/youth has been victimized, or there is suspicion that they have been victimized or witnessed criminal activity. This includes a single instance, multiple instances, or chronic and severe instances of criminal activity that was life threatening or caused significant physical harm, or child/youth has witnessed the death of a family friend, loved one.</p>

**Supplemental Information:** Any behavior that could result in incarceration is considered criminal activity. A child/youth who has been sexually abused or witnesses a sibling being sexually abused or physically abused to the extent that assault charges could be filed would be rated here and on the appropriate abuse-specific items. A child/youth who has witnessed drug dealing, assault or battery would also be rated on this item.

### PARENTAL CRIMINAL BEHAVIOR

This item describes the criminal behavior of both biological and step parents, and other legal guardians, but not foster parents.

#### Questions to Consider

- Has the child/youth's parents/guardian or family been involved in criminal activities or ever been in jail?

#### Ratings and Descriptions

- No** There is no evidence that child/youth's parents have ever engaged in criminal behavior.
- 
- Yes** One or both of the child/youth's parents/guardians have a history of criminal behavior that resulted in a conviction or incarceration. A suspicion that one or both of the child/youth's parents/guardians have a history of criminal behavior that resulted in conviction or incarceration would be rated here.

### DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES

This item documents the extent to which a child/youth has had one or more major changes in caregivers, potentially resulting in disruptions in attachment.

#### Questions to Consider

- Has the child/youth ever lived apart from their parents/caregivers?
- What happened that resulted in the child/youth living apart from their parents/caregivers?

#### Ratings and Descriptions

- No** There is no evidence that the child/youth has experienced disruptions in caregiving and/or attachment losses.
- 
- Yes** Child/youth has been exposed to, or there is suspicion that they have been exposed to at least one disruption in caregiving with familiar alternative caregivers or unknown caregivers (this includes placement in foster or other out-of-home care such as residential care facilities). Child/youth may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may have been temporary or permanent.

**Supplemental Information:** Children/youth who have been exposed to disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses would be rated here. Children/youth who have had placement changes, including stays in foster care, residential treatment facilities or juvenile justice settings, can be rated here. Short-term hospital stays or brief juvenile detention stays, during which the child/youth's caregiver remains the same, would not be rated on this item.



# EARLY CHILDHOOD DOMAIN

This section is to be completed when the child is birth thru 5 years old. The Potentially Traumatic/Adverse Childhood Experiences (page 86) and the Caregiver Resources and Needs Domain (page 127) must also be completed for this age group.

## CHALLENGES

For the **Challenges** items, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

### IMPULSIVITY/HYPERACTIVITY

Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here. This includes behavioral symptoms associated with Attention Deficit Hyperactivity Disorder (ADHD) and Impulse-Control Disorders as indicated in the DSM-5. Children with impulse problems tend to engage in behavior without thinking, regardless of the consequences.

	Ratings and Descriptions
<b>Questions to Consider</b> <ul style="list-style-type: none"> <li>Is the child unable to sit still for a length of time that is developmentally typical?</li> <li>Is the child able to control their behavior at a developmentally appropriate level?</li> </ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of symptoms of loss of control of behavior.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or evidence of mild levels of impulsivity evident in action or thought that place the child at risk of future functioning difficulties. The child may exhibit limited impulse control (e.g., child may yell out answers to questions or may have difficulty waiting one's turn). Some motor difficulties may be present as well, such as pushing or shoving others.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child's functioning in at least one life domain. This indicates a child with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, etc.). A child who often intrudes on others and often exhibits aggressive impulses would be rated here. [continues]</p>

## IMPULSIVITY/HYPERACTIVITY continued

- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the child at risk of physical harm. This indicates a child with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous physical play). The child may be impulsive on a nearly continuous basis. The child endangers self or others with impulsive behaviors.

## DEPRESSION

This item rates symptoms such as irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation, interest or pleasure in daily activities. This item can be used to rate symptoms of the depressive disorders as specified in DSM-5.

### Questions to Consider

- Are the child's caregivers concerned about possible depression or chronic low mood and irritability?
- Has the child withdrawn from normal activities?
- Does the child seem listless, sad or socially withdrawn?

### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence of problems with depression.
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
History or suspicion of depression or evidence of depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer or family interactions, or learning that does not lead to pervasive avoidance behavior. Infants may appear withdrawn and slow to engage at times; young children may be irritable or demonstrate constricted affect.
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child's ability to function in at least one life domain.
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Clear evidence of disabling level of depression that makes it virtually impossible for the child to function in any life domain. This rating is given to a child with a severe level of depression. This would include a child who withdraws from activity (school, play) or interaction (with family, peers, significant adults) due to depression. Disabling forms of depressive diagnoses would be rated here.

## ANXIETY

This item rates symptoms associated with DSM-5 Anxiety Disorders characterized by excessive fear and anxiety and related behavioral disturbances (including avoidance behaviors).

	Ratings and Descriptions
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• Does the child have any problems with anxiety or fearfulness?</li><li>• Is the child avoiding normal activities out of fear?</li><li>• Does the child act frightened or afraid?</li></ul>	<b>0</b> <i>No evidence of any needs; no need for action.</i> No evidence of anxiety symptoms.
	<b>1</b> <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history, suspicion, or evidence of some anxiety associated with a recent negative life event. This level is used to rate either a phobia or anxiety problem that is not yet causing the child significant distress or markedly impairing functioning in any important context. Anxiety or fear is present, but child is able to be soothed and supported.
	<b>2</b> <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the child's ability to function in at least one life domain. Child may show irritability or heightened reactions to certain situations, significant separation anxiety, or persistent reluctance or refusal to cope with fear-inducing situation(s).
	<b>3</b> <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

## OPPOSITIONAL BEHAVIOR

This item rates the child's relationship with authority figures. Generally oppositional behavior is displayed in response to limits or structure set by a parent, caregivers, or other authority figure with responsibility for and control over the child. **The child must be at least 36 months (3 years old) or older to rate this item.**

Questions to Consider	Ratings and Descriptions	
<ul style="list-style-type: none"><li>Does the child follow their caregivers' rules?</li><li>Have teachers or other adults reported that the child does not follow rules or directions?</li><li>Does the child argue with adults when they try to get the child to do something?</li><li>Does the child do things that they have been explicitly told not to do?</li></ul>	0	<i>No evidence of any needs; no need for action.</i> No evidence of oppositional behaviors.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the child's functioning in at least one life domain. Behavior causes emotional harm to others. A child whose behavior meets the criteria for Oppositional Defiant Disorder in DSM-5 would be rated here.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the child has severe problems with compliance with rules or adult instruction or authority.
	NA	The child is younger than 36 months (3 years) of age.

## AGGRESSIVE BEHAVIORS

This item rates the child's violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others. A rating of '2' or '3' would indicate that caregivers are unable to shape/control the child's aggressive behaviors. **Child must be at least 24 months (2 years old) or older to rate this item.**

Questions to Consider	Ratings and Descriptions	
<ul style="list-style-type: none"><li>Has the child ever tried to injure another person or animal on purpose?</li><li>Do they hit, kick, bite, or throw things at others with intent to hurt them?</li></ul>	0	<i>No evidence of any needs; no need for action.</i> No evidence or history of aggressive behaviors or significant verbal aggression towards others (including people and animals).
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History of aggressive behavior toward people or animals or concern expressed by caregivers about aggression.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of aggressive behavior toward people or others in the past 30 days. Caregiver's attempts to redirect or change behaviors have not been successful.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> The child exhibits a current, dangerous level of aggressive behavior that involves the threat of harm to animals or others. Caregivers are unable to mediate this dangerous behavior.
	NA	Child is younger than 24 months (2 years) of age.

## ATTACHMENT DIFFICULTIES

This item should be rated within the context of the child's significant parental or caregiver relationships.

	Ratings and Descriptions
Questions to Consider	
<ul style="list-style-type: none"><li>• Does the child struggle with separating from caregiver?</li><li>• Does the child approach or attach to strangers in indiscriminate ways?</li><li>• Does the child have the ability to make healthy attachments to appropriate adults or are their relationships marked by intense fear or avoidance?</li><li>• Does the child have separation anxiety issues that interfere with ability to engage in childcare or preschool?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of attachment problems. Caregiver-child relationship is characterized by mutual satisfaction of needs and child's development of a sense of security and trust. Child seeks age-appropriate contact with caregiver for both nurturing and safety needs.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Infants appear uncomfortable with caregivers, may resist touch, or appear anxious and clingy some of the time. Caregivers feel disconnected from infant. Older children may be overly reactive to separation or seem preoccupied with parent. Boundaries may seem inappropriate with others.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Infants may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older children may have ongoing problems with separation, may consistently avoid caregivers and have inappropriate boundaries with others, putting them at risk.</p> <hr/> <p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Infant/child may be unable to separate or be calmed following a separation from caregiver. Older children may have disabling separation anxiety or exhibit extremely controlling behaviors with caregiver. Children whose indiscriminate boundaries put them in danger would be rated here. Children diagnosed with Reactive Attachment Disorder would be rated here.</p>

## ADJUSTMENT TO TRAUMA

This item is used to describe the child who is having difficulties adjusting to a traumatic experience. This is one item where speculation about why a person is displaying a certain behavior is considered. There should be an inferred link between the trauma and the behavior.

	Ratings and Descriptions
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• Has the child experienced a traumatic event?</li><li>• Does the child experience frequent nightmares?</li><li>• Is the child troubled by flashbacks? Does the child repeatedly 'play out' or 'act out' traumatic experiences?</li><li>• What are the child's current coping skills?</li></ul>	<b>0</b> <i>No evidence of any needs; no need for action.</i> No evidence that child has experienced a traumatic life event, OR child has adjusted well to traumatic/adverse experiences.
	<b>1</b> <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> The child has experienced a traumatic event and there are some changes in their behavior that are managed or supported by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Child may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.
	<b>2</b> <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with child's functioning in at least one life domain.
	<b>3</b> <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD).

## REGULATORY

This item refers to all dimensions of self-regulation, including the quality and predictability of sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, the ability to moderate intense emotions without the use of aggression, and ability to be consoled.

### Questions to Consider

- Does the child have particular challenges around transitioning from one activity to another resulting at times in the inability to engage in activities?
- Does the child have severe reactions to changes in temperature or clothing such that it interferes with engaging in activities/school or play?
- Does the child require more adult supports to cope with frustration than other children in similar settings? Does the child have more distressing tantrums or yelling fits than other children? Does the child respond with aggression when they are upset?

### Ratings and Descriptions

- |   |   |
|---|---|
| 0 | <i>No evidence of any needs; no need for action.</i><br>Strong evidence the child is developing strong self-regulation capacities. This is indicated by the capacity to fall asleep, regular patterns of feeding and sleeping. Infants can regulate breathing and body temperature, are able to move smoothly between states of alertness, sleep, feeding on schedule, able to make use of caregiver/pacifier to be soothed, and moving toward regulating themselves (e.g., infant can begin to calm to caregiver's voice prior to being picked up). Toddlers are able to make use of caregiver to help regulate emotions, fall asleep with appropriate transitional objects, can attend to play with increased attention and play is becoming more elaborated, or have some ability to calm themselves down. |
| 1 | <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i><br>At least one area of concern about an area of regulation--breathing, body temperature, sleep, transitions, feeding, crying--but caregiver feels that adjustments on their part are effective in assisting child to improve regulation; monitoring is needed.  |
| 2 | <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i><br>Concern in one or more areas of regulation: sleep, crying, feeding, tantrums/aggression, sensitivity to touch, noise, and environment. Referral to address self-regulation is needed.   |
| 3 | <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i><br>Concern in two or more areas of regulation, including but not limited to: difficulties in breathing, body movements, crying, sleeping, feeding, attention, ability to self soothe, sensitivity and/or aggressive responses to environmental or emotional stressors.   |

## ATYPICAL BEHAVIORS

This item describes ritualized or stereotyped behaviors (where the child repeats certain actions over and over again) or demonstrates behaviors that are unusual or difficult to understand. Behaviors may include mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations.

Questions to Consider	Ratings and Descriptions	
<ul style="list-style-type: none"><li>Does the child exhibit behaviors that are unusual or difficult to understand?</li><li>Does the child engage in certain repetitive actions?</li><li>Are the unusual behaviors or repeated actions interfering with the child's functioning?</li></ul>	0	<i>No evidence of any needs; no need for action.</i> No evidence of atypical behaviors (repetitive or stereotyped behaviors) in the child.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Atypical behaviors (repetitive or stereotyped behaviors) reported by caregivers or familiar individuals that may have mild or occasional interference in the child's functioning.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Atypical behaviors (repetitive or stereotyped behaviors) generally noticed by unfamiliar people and have notable interference in the child's functioning.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Atypical behaviors (repetitive or stereotyped behaviors) occur with high frequency, and are disabling or dangerous.

## SLEEP

This item rates the child's sleep patterns. This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep as well as sleeping too much. Both bedwetting and nightmares should be considered sleep issues. **The child must be 12 months of age (1 year old) or older to rate this item.**

Questions to Consider	Ratings and Descriptions	
<ul style="list-style-type: none"><li>Does the child appear rested?</li><li>What are the child's nap and bedtime routines?</li><li>How does the child's sleep routine impact the family?</li></ul>	0	<i>No evidence of any needs; no need for action.</i> Child gets a full night's sleep each night.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child has some problems sleeping. Generally, child gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or having night terrors.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child is having problems with sleep. Sleep is disrupted often and child seldom obtains a full night of sleep.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child is generally sleep deprived. Sleeping is almost always difficult and the child is not able to get a full night's sleep.
	NA	Child is younger than 12 months (1 year) of age.



## FUNCTIONING

For the **Functioning** items, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

### FAMILY FUNCTIONING

This item rates the child's relationships with those who are in their family. It is recommended that the description of family should come from the child's perspective (i.e. who the child describes as their family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the child is still in contact. Foster families should only be considered if they have made a significant commitment to the child. For children involved with child welfare, family refers to the person(s) fulfilling the permanency plan. When rating this item, take into account the relationships and interactions the child has with their family as well as the relationship of the family as a whole.

	Ratings and Descriptions
Questions to Consider	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of problems in relationships with family members, and/or child is doing well in relationships with family members.</p>
<ul style="list-style-type: none"> <li>How does the child get along with siblings or other children in the household?</li> <li>How does the child get along with parents or other adults in the household?</li> </ul>	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of problems, and/or child is doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships. Relationship stress may be common but does not result in major problems.</p>
<ul style="list-style-type: none"> <li>Is the child particularly close to one or more members of the family?</li> </ul>	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child's problems with parents, siblings and/or other family members are impacting their functioning. Frequent relationship stress, difficulty maintaining positive relationships may be observed.</p> <p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child's problems with parents, siblings, and/or other family members are debilitating, placing them at risk. This would include problems of domestic violence, absence of any positive relationships, etc.</p>

**Supplemental Information:** Family Functioning should be rated independently of the problems the child experienced or stimulated by the child currently being assessed.

## EARLY EDUCATION

This item rates the child's experiences in educational settings (such as daycare and preschool) and the child's ability to get their needs met in these settings. This item also considers the presence of problems within these environments in terms of attendance, progress, support from the school staff to meet the child's needs, and the child's behavioral response to these environments. **Children under 5 who are not in any congragate learning settings (EHS, HS, Preschool, Pre-K) would be rated a '0' here.**

<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• What is the child's experience in preschool/daycare?</li><li>• Does the child have difficulties with learning new skills, social relationships or behavior?</li></ul>	<b>Ratings and Descriptions</b>
	<b>0</b> <i>No evidence of any needs; no need for action.</i> No evidence of problems with functioning in current educational environment.
	<b>1</b> <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or evidence of problems with functioning in current daycare or preschool environment. Child may be enrolled in a special program.
	<b>2</b> <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child is experiencing difficulties maintaining their behavior, attendance, and/or progress in educational environment.
	<b>3</b> <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child's problems with functioning in the daycare or preschool environment place them at immediate risk of being removed from program due to their behaviors, lack of progress, or unmet needs.

## SOCIAL AND EMOTIONAL FUNCTIONING

This item rates the child's social and relationship functioning. This includes age-appropriate behavior and the ability to engage and interact with others. When rating this item, consider the child's level of development.

<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• How does the child get along with others?</li><li>• Can an infant engage with and respond to adults? Can a toddler interact positively with peers?</li><li>• Does the child interact with others in an age-appropriate manner?</li></ul>	<b>Ratings and Descriptions</b>
	<b>0</b> <i>No evidence of any needs; no need for action.</i> No evidence of problems with social functioning; child has positive social relationships.
	<b>1</b> <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child is having some problems in social relationships. Infants may be slow to respond to adults, toddlers may need support to interact with peers and preschoolers may resist social situations.
	<b>2</b> <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child is having problems with their social relationships. Infants may be unresponsive to adults, and unaware of other infants. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support.
	<b>3</b> <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child is experiencing disruptions in their social relationships. Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting others at risk.

## DEVELOPMENTAL/INTELLECTUAL

This item describes the child's development as compared to standard developmental milestones, as well as rates the presence of any developmental or intellectual disabilities or delays. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Does the child's growth and development seem age appropriate?</li><li>• Has the child been screened for any developmental problems?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i></p> <p>No evidence of developmental delay and/or child has no developmental problems or intellectual disability.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i></p> <p>There are concerns about possible developmental delay. Child may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning or development are indicated.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Child has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Child has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social functioning and self-care across multiple environments.</p>

## MEDICAL/PHYSICAL

This item describes both health problems and chronic/acute physical conditions or impediments.

	Ratings and Descriptions
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• Is the child generally healthy?</li><li>• Does the child have any medical problems?</li><li>• How much does the health or medical issue this interfere with the child's life?</li></ul>	<b>0</b> <i>No evidence of any needs; no need for action.</i> No evidence that the child has any medical or physical problems, and/or they are healthy.
	<b>1</b> <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.
	<b>2</b> <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child has <i>serious</i> medical or physical problems that require medical treatment or intervention. Or child has a <i>chronic</i> illness or a physical challenge that requires ongoing medical intervention.
	<b>3</b> <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child has <i>life-threatening</i> illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to child's safety, health, and/or development.

**Supplemental Information:** Most transient, treatable conditions would be rated as a '1.' Most chronic conditions (e.g., diabetes, severe asthma, HIV) would be rated a '2.' The rating '3' is reserved for life threatening medical conditions.

## RISK BEHAVIORS AND FACTORS

For the **Risk Behaviors and Factors** items, use the following categories and action levels:

- 0 No history of developmental risk factor; no need for attention or intervention.
- 1 Suspicion of developmental risk factor; requires monitoring, watchful waiting, or preventive activities.
- 2 Evidence that developmental risk factor occurred in the child's history and is impacting functioning; requires action to ensure that the need is addressed.
- 3 Evidence of dangerous or disabling impact of developmental risk factor; requires immediate and/or intensive action.

### SELF-HARM

This item rates the presence of repetitive behaviors, like head-banging or biting/hitting oneself that result in physical harm to the child. **The child must be 12 months of age ( 1 year old) or older to rate this item.**

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>Has the child head banged or done other self-harming behaviors?</li> <li>If so, does the caregiver's support help stop the behavior?</li> </ul>	<p>Ratings and Descriptions</p> <ul style="list-style-type: none"> <li>0 <i>No history of developmental risk factor; no need for attention or intervention.</i> There is no evidence of self-harm behaviors.</li> <li>1 <i>Suspicion of developmental risk factor; requires monitoring, watchful waiting, or preventive activities.</i> History, suspicion or some evidence of self-harm behaviors. These behaviors are controllable by caregiver.</li> <li>2 <i>Evidence that developmental risk factor occurred in the child's history and is impacting functioning; requires action to ensure that the identified need is addressed.</i> Child's self-harm behaviors such as head banging cannot be impacted by supervising adult and interferes with their functioning.</li> <li>3 <i>Evidence of dangerous or disabling impact of developmental risk factor; requires immediate and/or intensive action.</i> Child's self-harm behavior puts their safety and well-being at risk.</li> </ul> <p>NA Child is younger than 12 months (1 year) of age.</p>
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## EXPLOITED

This item describes a history and pattern of being the object of abuse and includes a level of current risk for re-victimization. For children birth to age five, this can include sexual exploitation or being taken advantage of by others  
**This item is rated across the lifespan.**

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Has the child ever been victimized in any way (e.g., abused, victim of a crime, etc.)?</li><li>• Are there concerns that they have been or are currently being taken advantage of by peers or other adults?</li><li>• Is the child currently at risk of being victimized by another person?</li></ul>	<p>0 <i>No history of developmental risk factor; no need for attention or intervention.</i> No evidence of a history of exploitation OR no evidence of recent exploitation and no significant history of victimization within the past year. Child is not presently at risk for re-victimization.</p> <hr/> <p>1 <i>Suspicion of developmental risk factor; requires monitoring, watchful waiting, or preventive activities.</i> Suspicion or history of exploitation, but the child has not been exploited during the past year. Child is not presently at risk for re-victimization.</p> <hr/> <p>2 <i>Evidence that developmental risk factor occurred in the child's history and is impacting functioning; requires action to ensure that the need is addressed.</i> Child has been recently exploited (within the past year) but is not at acute risk of re-exploitation. This might include experiences of physical or sexual abuse, significant psychological abuse by family or friends or violent crime.</p> <hr/> <p>3 <i>Evidence of dangerous or disabling impact of developmental risk factor; requires immediate and/or intensive action.</i> Child has recently been exploited and is at acute risk of re-exploitation.</p>

## SEXUALLY PROBLEMATIC BEHAVIOR

This item describes issues around sexual behavior including developmentally inappropriate sexual behavior and problematic sexual behavior. **The child must be 24 months of age (2 years old) or older to rate this item.**

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>Has the child ever been involved in sexual activities or done anything sexually inappropriate?</li><li>Has the child ever had difficulties with sexualized behavior or problems with physical/sexual boundaries?</li></ul>	0 <i>No history of developmental risk factor; no need for attention or intervention.</i> No evidence of problems with sexual behavior.
	1 <i>Suspicion of developmental risk factor; requires monitoring, watchful waiting, or preventive activities.</i> History or evidence of problems with sexual behavior. This includes occasional inappropriate sexual behavior. Poor boundaries with regards to physical/sexual contact may be rated here.
	2 <i>Evidence that developmental risk factor occurred in the child's history and is impacting functioning; requires action to ensure that the need is addressed.</i> Individual's problems with sexual behavior are impairing functioning in at least one life area. For example, frequent inappropriate sexual behavior or disinhibition, including public disrobing or frequent sexualized language. Age-inappropriate sexualized behavior, or lack of physical/sexual boundaries is rated here.
	3 <i>Evidence of dangerous or disabling impact of developmental risk factor; requires immediate and/or intensive action.</i> Severe problems with sexual behavior including exhibitionism, sexually aggressive behavior or other severe sexualized or sexually reactive behavior.
	NA Child is younger than 24 months (2 years) of age.

## PRENATAL CARE

This item refers to the health care and pregnancy-related illness of the mother that impacted the child in utero.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>What kind of prenatal care did the biological mother receive?</li><li>Did the mother have any unusual illnesses or risks during pregnancy?</li></ul>	0 Child's biological mother had adequate prenatal care (e.g. 10 or more planned visits to a physician) that began in the first trimester. Child's mother did not experience any pregnancy-related illnesses.
	1 Child's biological mother had some shortcomings in prenatal care, or had a mild form of a pregnancy-related illness. A child whose mother had 6 or fewer planned visits to a physician would be rated here; her care must have begun in the first or early second trimester. A child whose mother had a mild or well-controlled form of pregnancy-related illness such as gestational diabetes, or who had an uncomplicated high-risk pregnancy, would be rated here.
	2 Child's biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness. A child whose mother had 4 or fewer planned visits to a physician would be rated here. A mother who experienced a high-risk pregnancy with some complications would be rated here.
	3 Child's biological mother had no prenatal care, or had a severe form of pregnancy-related illness. A mother who had toxemia/preeclampsia would be rated here.

## EXPOSURE

This item describes the child's exposure to environmental toxins and substance use and abuse both before and after birth. **This item is rated across the lifespan.**

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>Was the child exposed to substances during the pregnancy? If so, what substances?</li></ul>	<p>0 <i>No history of developmental risk factor; no need for attention or intervention.</i></p> <p>Child had no in utero exposure to environmental toxins, alcohol or drugs, and there is currently no exposure in the home.</p>
	<p>1 <i>Suspicion of developmental risk factor; requires monitoring, watchful waiting, or preventive activities.</i></p> <p>Child had either some in utero exposure (e.g. mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy, or exposure to lead at home), or there is current alcohol and/or drug use in the home or environmental toxins in the home or community.</p>
	<p>2 <i>Evidence that developmental risk factor occurred in the child's history and is impacting functioning; requires action to ensure that the need is addressed.</i></p> <p>Child was exposed to significant environmental toxins, alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy (e.g., heroin, cocaine), significant use of alcohol or tobacco, or exposure to environmental toxins would be rated here.</p>
	<p>3 <i>Evidence of dangerous or disabling impact of developmental risk factor; requires immediate and/or intensive action.</i></p> <p>Child was exposed to environmental toxins, alcohol or drugs in utero and continues to be exposed in the home or community. Any child who evidenced symptoms of substance withdrawal at birth (e.g., crankiness, feeding problems, tremors, weak and continual crying) would be rated here. A child who ingested lead paint and exhibited symptoms would be rated here.</p>



## LABOR AND DELIVERY

This item refers to conditions associated with, and consequences arising from, complications in labor and delivery of the child during childbirth.

Questions to Consider	Ratings and Descriptions	
	0	Child and mother had normal labor and delivery. A child who received an Apgar score of 7-10 at birth would be rated here.
	1	Child or mother had some mild problems during delivery, but there is no history of adverse impact. An emergency C-section or a delivery-related physical injury (e.g. shoulder displacement) to the baby is rated here.
	2	Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother. Extended fetal distress, postpartum hemorrhage, or uterine rupture would be rated here. A child who received an Apgar score of 4-7 or needed some resuscitative measures at birth is rated here.
	3	Child had severe problems during delivery that have long-term implications for development (e.g. extensive oxygen deprivation, brain damage). A child who received an Apgar score of 3 or lower or who needed immediate or extensive resuscitative measures at birth would be rated here.

## BIRTH WEIGHT

This item describes the child's birth weight as compared to normal development.

Questions to Consider	Ratings and Descriptions	
	0	Child within normal range for weight at birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here.
	1	Child born underweight. A child with a birth weight of between 1500 grams (3.3 pounds) and 2499 grams would be rated here.
	2	Child considerably under-weight at birth to the point of presenting a development risk to them. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.
	3	Child extremely under-weight at birth to the point of threatening their life. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here.

## FAILURE TO THRIVE

This item rates the presence of problems with weight gain or growth.

	Ratings and Descriptions
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• Does the child have any problems with weight gain or growth either now or in the past?</li><li>• Are there any concerns about the child's eating habits?</li><li>• Does the child's doctor have any concerns about the child's growth or weight gain?</li></ul>	<p>0    <i>No history of developmental risk factor; no need for attention or intervention.</i> No evidence of failure to thrive.</p>
	<p>1    <i>Suspicion of developmental risk factor; requires monitoring, watchful waiting, or preventive activities.</i> The child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. Or, the child may presently be experiencing slow development in this area.</p>
	<p>2    <i>Evidence that developmental risk factor occurred in the child's history and is impacting functioning; requires action to ensure that the need is addressed.</i> The child is experiencing problems in their ability to maintain weight or growth. The child may be below the 5<sup>th</sup> percentile for age and sex, may weigh less than 80% of their ideal weight for age, have depressed weight for height, or have a rate of weight gain that causes a decrease in two or more major percentile lines over time (75<sup>th</sup> to 25<sup>th</sup>).</p>
	<p>3    <i>Evidence of dangerous or disabling impact of developmental risk factor; requires immediate and/or intensive action.</i> The child has one or more of all of the above and is currently at serious medical risk.</p>

## STRENGTHS

For the **Strengths**, the following categories and action levels are used:

- 0 Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.
- 1 Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
- 2 Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
- 3 An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

### FAMILY STRENGTHS

This item refers to the presence of a sense of family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with Family Functioning, the definition of family comes from the child/youth's perspective (i.e., who the child/youth describes as their family). If this information is not known, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the child/ youth is still in contact.

	Ratings and Descriptions
Questions to Consider	
<ul style="list-style-type: none"> <li>How does your child/youth get along with siblings or other children in the household?</li> <li>How does your child/youth get along with caregivers or other adults in the household?</li> <li>Is your child/youth particularly close to one or more members of the family?</li> </ul>	<p>0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i></p> <p>Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the child/youth and is able to provide significant emotional or concrete support. Child/youth is fully included in family activities.</p> <hr/> <p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i></p> <p>Family has some good relationships and good communication. Family members are able to enjoy each other's company. There is at least one family member who has a strong, loving relationship with the child/youth and is able to provide limited emotional or concrete support.</p> <hr/> <p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></p> <p>Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support.</p> <hr/> <p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>Family needs significant assistance in developing relationships and communications, or child/ youth has no identified family. Child/youth is not included in normal family activities.</p>

## INTERPERSONAL

This item is used to identify a child/youth's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because a child/youth can have social skills but still struggle in their relationships at a particular point in time. This strength indicates an ability to make and maintain long-standing relationships.

Questions to Consider	Ratings and Descriptions	
	0	<i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i> Significant interpersonal strengths. Child/youth has well-developed interpersonal skills and healthy friendships.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth has good interpersonal skills and has shown the ability to develop healthy friendships.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Child/youth has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> There is no evidence of observable interpersonal skills or healthy friendships at this time and/or child/youth requires significant help to learn to develop interpersonal skills and healthy friendships.

**Supplemental Information:** For children birth to 5 years old, consider the following:

- Action level '0': Child has a prosocial or "easy" temperament and, if old enough, is interested and effective at initiating relationships with other children or adults. If still an infant, child exhibits anticipatory behavior when fed or held.
- Action level '1': Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social initiations by adults but may not initiate such interactions by themselves.
- Action level '2': Child may be shy or uninterested in forming relationships with others, or – if still an infant - child may have a temperament that makes attachment to others a challenge.
- Action level '3': Child with no known interpersonal strengths. Child does not exhibit any age-appropriate social gestures (e.g. Social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant that consistently exhibits gaze aversion would be rated here.

## NATURAL SUPPORTS

This item refers to unpaid helpers in the child/youth's natural environment. These include individuals who provide social support to the target child/youth and family. All family members and paid caregivers are excluded.

	Ratings and Descriptions
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• Who does the child consider to be a support?</li><li>• Does the child have non-family members in their life that are positive influences?</li></ul>	<b>0</b> <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i> Child/youth has significant natural supports that contribute to helping support the child/youth's healthy development.
	<b>1</b> <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth has identified natural supports that provide some assistance in supporting the child/youth's healthy development.
	<b>2</b> <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth has some identified natural supports, however, these supports are not actively contributing to the child/youth's healthy development.
	<b>3</b> <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child/youth has no known natural supports (outside of family and paid caregivers).

## RESILENCY (PERSISTENCE AND ADAPTABILITY)

This item refers to how the child reacts to new situations or experiences, how they respond to changes in routines, as well as their ability to keep trying a new task/skill, even when it is difficult for them.

	Ratings and Descriptions
Questions to Consider	
<ul style="list-style-type: none"><li>• Does child show ability to hang in there even when frustrated by a challenging task?</li><li>• Does child routinely require adult support in trying a new skill/activity?</li><li>• Can child easily and willingly transition between activities?</li><li>• What type of support does the child require to adapt to changes in schedules?</li></ul>	<p>0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i></p> <p>The child consistently has a strong ability to adjust to changes and transitions, and continue an activity when challenged or meeting obstacles. This supports further growth and development and can be incorporated into a service plan as a centerpiece strength.</p> <hr/> <p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i></p> <p>Child with good curiosity and some ability to continue an activity that is challenging. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to them, would be rated here. The child demonstrates a level of adaptability and ability to continue in an activity that is challenging. The child could benefit from further development in this area before it is considered a significant strength.</p> <hr/> <p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></p> <p>The child shows some ability to continue a challenging task although this needs to be more fully developed. Parents and caregivers need to be the primary support in this area.</p> <hr/>
	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>Child's difficulties coping with challenges places their development at risk. Child may seem frightened of new information, changes or environments.</p>

## RELATIONSHIP PERMANENCE

This item refers to the stability and consistency of significant relationships in the child's life. This likely includes family members but may also include other adults and/or peers.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Has anyone consistently been in the child's life since birth?</li><li>• Are there other significant adults in the child's life?</li><li>• Has the child been in multiple home placements?</li></ul>	<p>0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i></p> <p>Child has very stable relationships. Family members, friends, and community have been stable for most of their life and are likely to remain so in the foreseeable future. Child is involved with their parents.</p>
	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i></p> <p>Child has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.</p>
	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></p> <p>Child has had at least one stable relationship over their lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.</p>
	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>Child does not have any stability in relationships. Independent living or adoption must be considered.</p>

## PLAYFULNESS

This item rates the degree to which a child is given opportunities for and participates in age appropriate play. Play should be understood developmentally. When rating this item, you should consider if the child is interested in play and/or whether the child needs adult support while playing. Problems with either solitary or group (e.g. parallel) play could be rated here.

	Ratings and Descriptions																
Questions to Consider																	
<ul style="list-style-type: none"><li>• Is the child easily engaged in play?</li><li>• Does the child initiate play? Can the child sustain play?</li><li>• Does the child need adult support in initiating and sustaining play more than what is developmentally appropriate?</li></ul>	<table><tr><td data-bbox="440 892 500 919">0</td><td data-bbox="500 892 1482 919"><i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i></td></tr><tr><td data-bbox="440 919 500 947"></td><td data-bbox="500 919 1482 947">The child consistently demonstrates the ability to make use of play to further their development. Their play is consistently developmentally appropriate, spontaneous, self-initiated and enjoyable.</td></tr><tr><td data-bbox="440 947 500 974">1</td><td data-bbox="500 947 1482 974"><i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i></td></tr><tr><td data-bbox="440 974 500 1001"></td><td data-bbox="500 974 1482 1001">The child demonstrates play that is developmentally appropriate, self-initiated, spontaneous and enjoyable much of the time. Child needs some assistance making full use of play.</td></tr><tr><td data-bbox="440 1001 500 1029">2</td><td data-bbox="500 1001 1482 1029"><i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></td></tr><tr><td data-bbox="440 1029 500 1056"></td><td data-bbox="500 1029 1482 1056">The child demonstrates the ability to enjoy play and use it to support their development some of the time or with support of a caregiver. Even with this in place there does not appear to be investment and enjoying in the child.</td></tr><tr><td data-bbox="440 1056 500 1083">3</td><td data-bbox="500 1056 1482 1083"><i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></td></tr><tr><td data-bbox="440 1083 500 1110"></td><td data-bbox="500 1083 1482 1110">The child does not demonstrate the ability to play in a developmentally appropriate or quality manner.</td></tr></table>	0	<i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i>		The child consistently demonstrates the ability to make use of play to further their development. Their play is consistently developmentally appropriate, spontaneous, self-initiated and enjoyable.	1	<i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i>		The child demonstrates play that is developmentally appropriate, self-initiated, spontaneous and enjoyable much of the time. Child needs some assistance making full use of play.	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i>		The child demonstrates the ability to enjoy play and use it to support their development some of the time or with support of a caregiver. Even with this in place there does not appear to be investment and enjoying in the child.	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i>		The child does not demonstrate the ability to play in a developmentally appropriate or quality manner.
0	<i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i>																
	The child consistently demonstrates the ability to make use of play to further their development. Their play is consistently developmentally appropriate, spontaneous, self-initiated and enjoyable.																
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	The child demonstrates the ability to enjoy play and use it to support their development some of the time or with support of a caregiver. Even with this in place there does not appear to be investment and enjoying in the child.																
3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i>																
	The child does not demonstrate the ability to play in a developmentally appropriate or quality manner.																



# TRANSITION AGE YOUTH DOMAIN

The items in the Transition Age Youth Domain are additional items intended to focus on elements of a young adult's functioning that are important to the establishment of independence and the ability to take care of oneself.

**This domain should be completed for youth ages 14+.**

For the **Transition Age Youth Domain**, use the following categories and action levels unless otherwise indicated:

- 0 No evidence of any needs; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

## BEHAVIORAL/EMOTIONAL NEEDS

### INTERPERSONAL PROBLEMS

This item identifies problems with relating to other people, including significant manipulative behavior, social isolation, or significant conflictual relationships.

	Ratings and Descriptions
Questions to Consider	
<ul style="list-style-type: none"> <li>Does the youth exhibit inflexible and maladaptive emotional and/or behavioral day-to-day traits?</li> <li>Does the youth have difficulties relating to other people?</li> <li>Is the youth socially isolated?</li> </ul>	<ul style="list-style-type: none"> <li>0 <i>No evidence of any needs; no need for action.</i> No evidence of symptoms of a personality disorder.</li> <li>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Evidence of mild degree, probably sub-threshold for the diagnosis of a personality disorder. For example, mild but consistent dependency in relationships might be rated here, or some evidence of antisocial or narcissistic behavior. Also, an unconfirmed suspicion of the presence of a diagnosable personality disorder would be rated here.</li> <li>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Evidence of sufficient degree of interpersonal problems. Youth's relationship problems may warrant a related DSM-5 diagnosis.</li> <li>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Evidence of a severe interpersonal problem that has significant implications for the youth's long-term functioning. Interpersonal problems are disabling and block the youth's ability to function independently.</li> </ul>

## FUNCTIONING

### INDEPENDENT LIVING SKILLS\*

This item is used to describe the youth's ability to take responsibility for and also self-manage in an age-appropriate way. Skills related to healthy development towards becoming a responsible adult and living independently may include cooking, housekeeping, etc. Ratings for this item focus on the presence or absence of short- or long-term risks associated with impairments in independent living abilities.

#### Questions to Consider

- Has youth ever lived independently?
- Does youth have problems managing money?
- Does youth have problems with hygiene or diet?
- Can youth cook, clean and manage themselves without help from anyone?
- Can youth perform day-to-day tasks without help from anyone?

#### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
Youth is fully capable of independent living. No evidence of any deficits or barriers that could impede the development of skills to maintain one's own home.
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
This level indicates a youth with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems are generally addressable with training or supervision.
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*  
This level indicates a youth with moderate impairment of independent living skills. Notable problems completing tasks necessary for independent living and/or managing self when unsupervised would be common at this level. Problems are generally addressable with in-home services and supports.
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
This level indicates a youth with profound impairment of independent living skills. This youth would be expected to be unable to live independently given current status. Problems require a structured living environment.

**\*A rating of '1', '2' or '3' on this item will trigger the completion of the [K] Independent Activities of Daily Living Module.**

## [K] INDEPENDENT ACTIVITIES OF DAILY LIVING MODULE

### MEAL PREPARATION

This item describes youth's ability to prepare healthy meals for themselves.

#### Questions to Consider

- Is the youth able to prepare their own meals?
- Are they able to use kitchen appliances appropriately to prepare their meals?
- Is the youth able to prepare meals safely and make good food choices?

#### Ratings and Descriptions

- 0 Youth is fully independent in preparing meals. Youth is able to select and safely prepare food that is reasonably healthy.
- 1 Youth generally prepares meals independently, but makes somewhat poor choices for eating or relies on prepared meals or fast food.
- 2 Youth struggles with safe meal preparation. Youth has difficulty selecting and preparing meals in appropriate portions, or using utensils, appliances, or stove properly. Youth can prepare basic foods like cereal and sandwiches but does not cook.
- 3 Youth is not currently able to safely prepare meals or select appropriate portion size (too little or too much) which results in harm or danger.

## SHOPPING

This item describes youth's ability to budget, select items, or plan for multiple shopping needs at one time (i.e., food, clothing, toiletries, etc.).

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>Does the youth shop independently for themselves?</li><li>Are they able to plan, budget and make good choices regarding their shopping priorities?</li></ul>	0 Youth can shop independently to meet all needs.
	1 Youth can shop independently for self, but may struggle with spending or item selection or have some other shopping problem.
	2 Youth struggles with shopping for self. Youth may be able to do some shopping, but challenges occur with shopping choices, habits, or expenditures that interfere with functioning.
	3 Youth is unable to shop to meet basic needs, or choices, habits or expenditures pose significant risk to well-being, health, or safety.

## HOUSEWORK

This item describes youth's ability to keep a functioning and clean living space independently or seek out the necessary resources to do so.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>Is the youth able to keep their living space clean and functional?</li><li>Are there additional skills that would be helpful for the youth to acquire in order to keep their living space clean and/or functional?</li></ul>	0 Youth does housework independently. Youth maintains a functioning and clean living space and takes care of challenges that happen as a routine aspect of living (e.g. clogged toilet, broken refrigerator).
	1 Youth can maintain a reasonably clean living space but may struggle with common challenges that happen with housing.
	2 Youth has challenges with housework. Youth currently does not maintain a clean living environment or need prompts, cues, or reminders about housework.
	3 Youth is currently not able to do housework or living environment potentially poses a health risk.

## MONEY MANAGEMENT

This item describes youth's ability to manage finances by keeping a budget or adjusting expenses to meet all or as many needs as possible.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>How does the youth manage their money?</li><li>Is the youth able to manage their money such that they are able to meet their monthly expenses?</li></ul>	0 Youth manages money independently. Youth appears to understand the relationship between income and expenditures and is able to keep expenditures within budget.
	1 Youth may have some challenges with aspects of money management (e.g. over spending, losing small amount of money) but these challenges do not have a notable impact on functioning.
	2 Youth has challenges with money management that notably interfere with functioning.
	3 Youth is currently not able to manage money.

**COMMUNICATION DEVICE USE**

This item refers to youth's ability to appropriately use a phone and other electronic devices such as smartphones or tablets as a means to communicate with others including the use of email and social media; properly monitor device use and service plan; and adequately care for communication devices.

**Questions to Consider**

- What communication devices does the youth have access to?
- Does the youth take appropriate steps to protect their personal information on their communication devices?
- Does the youth engage in dangerous behavior on their communication device?

**Ratings and Descriptions**

- 0 Youth uses and manages communication devices appropriately and independently.
- 1 Youth has some challenges with aspects of communication devices (e.g. boundary issues with sharing contact information, photos or personal information, losing or damaging devices multiple times); however, these challenges do not notably impact functioning.
- 2 Youth has challenges with communication device use. This may include technical problems using the devices or limited access to devices because of financial reasons or it may include challenges with judgment regarding appropriate device use.
- 3 Youth is currently unable to use electronic communication devices or engages in dangerous or highly inappropriate activity with such devices and means of communication.

**HOUSING SAFETY**

This item describes whether the youth's current housing circumstances are safe and accessible. Consider the youth's specific medical or physical challenges when rating this item.

**Questions to Consider**

- What are the youth's current housing circumstances?
- Is the youth's current housing circumstance safe?

**Ratings and Descriptions**

- 0 Current housing has no challenges with regard to fully supporting the youth's health, safety and accessibility.
- 1 Current housing has minor challenges with regard to fully supporting the youth's health, safety and accessibility but these challenges do not currently interfere with functioning or present any notable risk to the youth or others.
- 2 Current housing has notable limitations with regard to supporting the youth's health, safety, and accessibility. These challenges interfere with or limit the youth's functioning.
- 3 Current housing is unable to meet the youth's health, safety, and accessibility needs. Housing presents a significant risk to the youth's health and well-being.

**End of Independent Activities of Daily Living Module**

### PARENTAL/CAREGIVING ROLES\*

This item is intended to rate the youth in any parenting or caregiver roles. For example, a youth with a son or daughter or a youth responsible for an elderly parent or grandparent would be rated here. Include pregnancy as a parenting role.

Ratings and Descriptions	
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• Does the youth have children or care for an elderly parent?</li><li>• Is the youth pregnant?</li><li>• Does the youth have trouble caring for children or parents?</li><li>• Are parenting responsibilities keeping the youth from going to school or work?</li></ul>	<b>0</b> <i>No evidence of any needs; no need for action.</i> The youth has a parenting/caregiving role and they are functioning appropriately in that role or the youth has no role as a parent/caregiver.
	<b>1</b> <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> The youth has responsibilities as a parent/caregiver but occasionally experiences difficulties with this role.
	<b>2</b> <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> The youth has responsibilities as a parent/caregiver and either the youth is struggling with these responsibilities or these issues are currently interfering with the youth's functioning in other life domains.
	<b>3</b> <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> The youth has responsibilities as a parent/caregiver and the youth is currently unable to meet these responsibilities or these responsibilities are making it impossible for the youth to function in other life domains.

**\*A rating of '1', '2' or '3' on this item will trigger the completion of the [L] Parenting/Caregiving Module.**

## [L] PARENTING/CAREGIVING MODULE

### KNOWLEDGE OF NEEDS

This item is based on the youth's knowledge of the specific strengths of the child or adult in their care and any needs experienced by the child or adult, and the youth's ability to understand the rationale for the treatment or management of these problems.

Ratings and Descriptions	
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• How does the youth understand the needs of the child or adult in their care?</li><li>• Does the youth have the necessary information to meet the needs of the child or the adult they are caring for?</li></ul>	<b>0</b> Youth is fully knowledgeable about the psychological strengths and needs and limitations of the child or adult being cared for.
	<b>1</b> Youth, while being generally knowledgeable about the child or adult being cared for, has some deficits in knowledge or understanding of the psychological condition or skills and assets of the child or adult being cared for.
	<b>2</b> Youth does not know or understand the child or adult being cared for well. Significant deficits exist in the youth's ability to relate to the problems or strengths of the child or adult being cared for.
	<b>3</b> Youth has little or no understanding of the condition of the child or adult being cared for. The youth is unable to cope with the child or adult being cared for given their status at the time, not because of the needs of the dependent child/adult but because the youth does not understand or accept the situation.

**SUPERVISION**

This item rates the capacity of the youth to provide the level of monitoring needed by the child or adult in their care.

**Questions to Consider**

- Does the youth set appropriate limits on the child?
- Does the youth provide appropriate support to the child/adult being cared for?
- Does the youth think they need help with these issues?

**Ratings and Descriptions**

- 0 Youth's supervision and monitoring of child or adult in their care is appropriate and functioning well.
- 1 Youth's supervision is generally adequate but inconsistent.
- 2 Youth's supervision and monitoring are very inconsistent. They are frequently absent.
- 3 Youth's supervision and monitoring are nearly always absent or inappropriate.

**INVOLVEMENT WITH CARE**

This item rates the level of involvement and follow-through the youth has in the planning and provision of behavioral health, child welfare, educational and medical services on behalf of the child or adult in their care.

**Questions to Consider**

- Is the youth actively involved in helping to get services for the child/adult in their care?
- Is the youth willing to follow up on recommendations for the child/adult?
- Is the youth uninterested in or unwilling to become involved in child's/adult's care?

**Ratings and Descriptions**

- 0 Youth is actively involved in the planning and/or implementation of services and is able to be an effective advocate on behalf of the child or adult in their care.
- 1 Youth is consistently involved in the planning and/or implementation of services for the child/adult but is not an active advocate on behalf of the child or adult in their care.
- 2 Youth is minimally involved in the care of the child or adult in their care. Youth may visit the child/adult when in out-of-home placement, but does not become involved in service planning and implementation.
- 3 Youth is uninvolved with the care of the child or adult. Youth may want child/adult out of the home or fails to visit the child/adult when in out-of-home placement.

**ORGANIZATION**

This item should be rated based on the ability of the youth to participate in or direct the organization of the household, services, and related activities.

**Questions to Consider**

- Does the youth need or want help with managing their home?
- Do they have difficulty getting to appointments or managing a schedule?

**Ratings and Descriptions**

- 0 Youth is well organized and efficient.
- 1 History or evidence of youth's difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
- 2 Youth has moderate difficulties in organizing and maintaining household to support needed services.
- 3 Youth is unable to organize household to support needed services. Help is needed.

**MARITAL/PARTNER VIOLENCE IN THE HOME**

This item describes the degree of difficulty or conflict in the youth's relationship and the impact on parenting and childcare.

**Questions to Consider**

- How does the youth and their spouse/partner manage conflict between them?
- How is power and control handled in the youth and their spouse/partner's relationship with each other?
- Does the youth and their spouse/partner's conflict escalate to verbal aggression, physical attacks, or destruction of property?

**Ratings and Descriptions**

- 0 Youth and their spouse/partner appear to be functioning adequately. There is no evidence of notable conflict in the parenting relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.
- 1 Youth's marital difficulties and partner arguments are generally able to be kept to a minimum when dependent youth or adult being cared for is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.
- 2 Youth's marital difficulties and/or partner conflicts, including frequent arguments, often escalate to verbal aggression, the use of verbal aggression by one partner to control the other, or significant destruction of property which dependent child/adult being cared for often witnesses.
- 3 Youth's partner or marital difficulties often escalate to violence and the use of physical aggression by one partner to control the other. These episodes may exacerbate the difficulties experienced by the dependent child or adult being cared for, placing the child/adult at greater risk.

**End of Parenting/Caregiving Module**

### JOB FUNCTIONING\* (Age 16+)

If the youth is working, this item describes their functioning in a job setting.

<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Is the youth able to meet expectations at work?</li><li>• Do they have regular conflict at work?</li><li>• Are they timely and able to complete responsibilities?</li></ul>	<p>Ratings and Descriptions</p> <p>0 <i>No evidence of any needs; no need for action.</i> No evidence of any problems in work environment. Youth is excelling in a job environment.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Youth has a history of problems with work functioning, or youth may have some problems in the work environment that are not interfering with work functioning or other functional areas. The youth is functioning adequately in a job environment. A youth that is not currently working, but is motivated and is actively seeking work, could be rated here.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Some problems at work including disruptive behavior and/or difficulties with performing required work is indicated. Supervisors likely have warned youth about problems with their work performance. OR although not working, the youth seems interested in doing so, but may have problems with developing vocational or prevocational skills.</p> <hr/> <p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Youth has problems at work in terms of attendance, performance or relationships. Youth may have recently lost a job. Work problems are placing the youth or others in danger including aggressive behavior toward peers or superiors or severe attendance problems are evidenced. Youth may be recently fired or at very high risk of firing (e.g. on notice). OR the youth has a long history of unemployment.</p> <hr/> <p>NA Youth is not currently working or recently unemployed.</p>
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**\*A rating of '1', '2' or '3' on this item will trigger the completion of the [M] Vocational/Career Module.**



## [M] VOCATIONAL/CAREER MODULE

For the **Vocational/Career Module**, the following Strength categories and action levels are used:

- 0 Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.
- 1 Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
- 2 Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
- 3 An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

### CAREER ASPIRATIONS

This item is used to describe the degree to which a youth has ideas about what type of job they would want or a clear idea of a career direction.

#### Questions to Consider

- Does the youth have goals for their job or career development?
- Is the youth able to identify a job or career path, and do they have resources needed to get there?

#### Ratings and Descriptions

- 0 Youth has clear and feasible career plans.
- 1 Youth has career plans but significant barriers may exist to achieving these plans.
- 2 Youth wants to work but does not have a clear idea regarding jobs or careers.
- 3 Youth has no career plans or aspirations.

### JOB ATTENDANCE

This item is used to describe the youth's ability to consistently make it to work based on their job history.

#### Questions to Consider

- Has the youth experienced communication or disciplinary action for work attendance issues?
- Is the youth meeting expectations for attendance?

#### Ratings and Descriptions

- 0 Youth goes to work consistently as scheduled.
- 1 Youth has occasional problems going to work. They may sometimes call in sick when not ill.
- 2 Youth has difficulty consistently going to work.
- 3 Youth has severe job attendance problems that threaten termination or have resulted in recent firing.

**JOB PERFORMANCE**

This item is used to describe the youth's prior performance based on their job history.

<b>Questions to Consider</b> <ul style="list-style-type: none"><li>What feedback has the youth received regarding their job performance?</li></ul>	<b>Ratings and Descriptions</b>	
	0	Youth is a productive employee.
	1	Youth is generally a productive employee but some performance issues exist.
	2	Youth is having problems performing adequately on the job.
	3	Youth has severe performance problems that threaten termination or have resulted in recent firing.

**JOB RELATIONS**

This item is used to describe the youth's history of relationships in work environments.

<b>Questions to Consider</b> <ul style="list-style-type: none"><li>Are youth's relationships at the job setting a source of distress or source of strength for them?</li></ul>	<b>Ratings and Descriptions</b>	
	0	Youth gets along well with superiors and co-workers.
	1	Youth is experiencing some problems with relationships at work.
	2	Youth is having problems with their relationships with superiors and/or co-workers. Difficulties are causing functioning problems at work.
	3	Youth is having severe relationship problems with superiors and/or co-workers. Relationship issues threaten employment or have resulted in recent firing.

**End of Vocational/Career Module**

## MEDICATION ADHERENCE

This item focuses on the level of the youth's willingness and participation in taking prescribed medications.

Ratings and Descriptions	
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>Is youth prescribed medication?</li><li>Is youth prescribed psychotropic medication?</li><li>Has youth ever had trouble remembering to take medication?</li><li>Has youth ever refused to take prescribed medication?</li><li>Has youth ever overused medication to get "high" or as an attempt at self-harm?</li></ul>	<b>0</b> <i>No evidence of any needs; no need for action.</i> This level indicates a youth who takes any prescribed medications as prescribed and without reminders, or a youth who is not currently on any psychotropic medication.
	<b>1</b> <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> This level indicates a youth who will take prescribed medications routinely, but who sometimes needs reminders to maintain compliance. Also, a history of medication noncompliance but no current problems would be rated here.
	<b>2</b> <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> This level indicates a youth who is somewhat non-compliant. This youth may be resistant to taking prescribed medications or may tend to overuse their medications. They might comply with prescription plans for periods of time (1-2 weeks) but generally do not sustain taking medication in prescribed dose or protocol.
	<b>3</b> <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> This level indicates a youth who has refused to take prescribed medications during the past 30 day period or a youth who has abused their medications to a significant degree (i.e., overdosing or over-using medications to a dangerous degree).

## INTIMATE RELATIONSHIPS

This item is used to rate the youth's current status in terms of romantic/intimate relationships.

Ratings and Descriptions	
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>Does this youth enjoy a rewarding interpersonal relationship with an age-appropriate peer?</li><li>If in a relationship, is it developing appropriately over time?</li><li>Is the youth's "partnership" with another a problem either in terms of safety, well-being or lifestyle?</li></ul>	<b>0</b> <i>No evidence of any needs; no need for action.</i> Adaptive partner relationship. Youth has a strong, positive, partner relationship with another individual, or they have maintained a positive partner relationship in the past but are not currently in an intimate relationship.
	<b>1</b> <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Mostly adaptive partner relationship. Youth has a generally positive partner relationship with another individual. This relationship may, at times, impede the youth's healthy development.
	<b>2</b> <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Limited adaptive partner relationship. The youth has a recent history of being in a domestically violent relationship or a recent history of being in a relationship where they were overly dependent on their partner. Youth may or may not be currently involved in any partner relationship with another individual.
	<b>3</b> <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Significant difficulties with partner relationships. Youth is currently involved in a negative or domestically violent relationship or a relationship where they are totally dependent on their partner.

## TRANSPORTATION

This item is used to rate the level of transportation required to ensure that the youth could effectively participate in their own treatment and in other life activities. Only unmet transportation needs should be rated here.

Questions to Consider	Ratings and Descriptions	
	0	<i>No evidence of any needs; no need for action.</i> The youth has no unmet transportation needs.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> The youth has occasional unmet transportation needs (e.g., appointments). These needs would be no more than weekly and not require a special vehicle. The needs can be met with minimal support, for example, assistance with bus routes or provision of a bus card.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> The youth has occasional transportation needs that require a special vehicle or frequent transportation needs (e.g. daily) that do not require a special vehicle but access to transportation is difficult.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> The youth requires frequent (e.g. daily) transportation in a special vehicle or is completely reliant on others for transportation.

## EDUCATIONAL ATTAINMENT

This item rates the degree to which the youth has completed their identified own educational goal.

Questions to Consider	Ratings and Descriptions	
	0	<i>No evidence of any needs; no need for action.</i> Youth has achieved all of their identified educational goals OR has no educational goals and educational attainment has no impact on lifetime vocational functioning.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Youth has set educational goals and is currently making progress towards achieving them.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Youth has set educational goals but is currently not making progress towards achieving them.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Youth has no educational goals and lack of educational attainment is interfering with youth's lifetime vocational functioning.

# CAREGIVER RESOURCES & NEEDS DOMAIN

This section focuses on the strengths and needs of the caregivers. Caregiver ratings should be completed by household. If multiple households are involved in the planning, then this section should be completed once for each household under consideration. If the child/youth is in a foster care or out-of-home placement, please rate the identified parent(s), other relative(s), adoptive parent(s), or caretaker(s) who is planning to assume custody and/or take responsibility for the care of this child/youth.

**Question to Consider for this Domain:** What are the resources and needs of the child/youth's caregiver(s)?

For the **Caregiver Resources & Needs Domain**, use the following categories and action levels:

- 0 No current need; no need for action. This may be a resource for the child/youth.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.
- 2 Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
- 3 Need prevents the provision of care; requires immediate and/or intensive action.

## SUPERVISION

This item rates the caregiver's capacity to provide the level of monitoring and discipline needed by the child/youth. Discipline is defined in the broadest sense, and includes all of the things that parents/caregivers can do to promote positive behavior with their child/youth.

	Ratings and Descriptions
<b>Questions to Consider</b> <ul style="list-style-type: none"> <li>How does the caregiver feel about their ability to keep an eye on and discipline the child/youth?</li> <li>Does the caregiver need some help with these issues?</li> </ul>	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i></p> <p>No evidence caregiver needs help or assistance in monitoring or disciplining the child/youth, and/or caregiver has good monitoring and discipline skills.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i></p> <p>Caregiver generally provides adequate supervision, but is inconsistent. Caregiver may need occasional help or assistance.</p>
	<p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i></p> <p>Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.</p>
	<p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i></p> <p>Caregiver is unable to monitor or discipline the child/youth. Caregiver requires immediate and continuing assistance. Child/youth is at risk of harm due to absence of supervision or monitoring.</p>

## INVOLVEMENT WITH CARE

This item rates the caregiver's participation in the child/youth's care and ability to advocate for the child/youth.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• How involved are the caregivers in services for the child/youth?</li><li>• Is the caregiver an advocate for the child/youth?</li><li>• Would the caregiver like any help to become more involved?</li></ul>	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i></p> <p>No evidence of problems with caregiver involvement in services or interventions for the child/youth, and/or caregiver is able to act as an effective advocate for child/youth.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i></p> <p>Caregiver is consistently involved in the planning and/or implementation of services for the child/youth but is not an active or fully effective advocate on behalf of the child/youth. Caregiver is open to receiving support, education, and information.</p>
	<p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i></p> <p>Caregiver does not actively involve themselves in services and/or interventions intended to assist the child/youth.</p>
	<p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i></p> <p>Caregiver wishes for child/youth to be removed from their care.</p>

## KNOWLEDGE

This item identifies the caregiver's knowledge of the child/youth's strengths and needs, and their ability to understand the rationale for the treatment or management of these problems.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Does the caregiver understand the child/youth's current mental health diagnosis and/or symptoms?</li><li>• Does the caregiver's expectations of the child/youth reflect an understanding of the child/youth's mental or physical challenges?</li></ul>	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i></p> <p>No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the child/youth's psychological strengths and weaknesses, talents and limitations.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i></p> <p>Caregiver, while being generally knowledgeable about the child/youth, has some mild deficits in knowledge or understanding of the child/youth's psychological condition, talents, skills and assets.</p>
	<p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i></p> <p>Caregiver does not know or understand the child/youth well and significant deficits exist in the caregiver's ability to relate to the child/youth's problems and strengths.</p>
	<p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i></p> <p>Caregiver has little or no understanding of the child/youth's current condition. Caregiver's lack of knowledge about the child/youth's strengths and needs places the child/youth at risk of significant negative outcomes.</p>

## ORGANIZATION

This item is used to rate the caregiver's ability to organize and manage their household within the context of intensive community services.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Do caregivers need or want help with managing their home?</li><li>• Do they have difficulty getting to appointments or managing a schedule?</li><li>• Do they have difficulty getting their child/youth to appointments or school?</li></ul>	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> Caregiver is well organized and efficient.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.</p> <hr/> <p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has moderate difficulty organizing and maintaining household to support needed services.</p> <hr/> <p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver is unable to organize household to support needed services.</p>

## SOCIAL RESOURCES

This item rates the social assets (e.g., extended family) and resources that the caregiver can bring to bear in addressing the multiple needs of the child/youth and family.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Does family have extended family or friends who provide emotional support?</li><li>• Can they call on social supports to watch the child/youth occasionally?</li></ul>	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> Caregiver has significant social and family networks that actively help with caregiving.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver has some family, friends or social network that actively helps with caregiving.</p> <hr/> <p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Work needs to be done to engage family, friends or social network in helping with caregiving.</p> <hr/> <p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver has no family or social network to help with caregiving.</p>

## RESIDENTIAL STABILITY

This item rates the housing stability of the caregiver(s) and does not include the likelihood that the child or youth will be removed from the household.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Is the family's current housing situation stable?</li><li>• Are there concerns that they might have to move in the near future?</li><li>• Has family lost their housing?</li></ul>	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> Caregiver has stable housing with no known risks of instability.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption.</p>
	<p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has moved multiple times in the past year. Housing is unstable.</p>
	<p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Family is homeless, or has experienced homelessness in the recent past.</p>

## MEDICAL/PHYSICAL

This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit their ability to parent the child/youth. This item does not rate depression or other mental health issues.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• How is the caregiver's health?</li><li>• Does the caregiver have any health problems that limit their ability to care for the family?</li></ul>	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> No evidence of medical or physical health problems. Caregiver is generally healthy.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> There is a history or suspicion of, and/or caregiver is in recovery from, medical/physical problems.</p>
	<p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has medical/physical problems that interfere with their capacity to parent the child/youth.</p>
	<p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver has medical/physical problems that make parenting the child/youth impossible at this time.</p>



## MENTAL HEALTH

This item refers to any serious mental health issues (not including substance abuse) among caregivers that might limit their capacity for parenting/caregiving to the child/youth.

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action. This may be a resource for the child/youth.</i> No evidence of caregiver mental health difficulties.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.
	2	<i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver's mental health difficulties interfere with their capacity to parent.
	3	<i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver has mental health difficulties that make it impossible to parent the child/youth at this time.

## SUBSTANCE USE

This item rates the impact of any notable substance use by caregivers that might limit their capacity to provide care for the child/youth.

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action. This may be a resource for the child/youth.</i> No evidence of caregiver substance use issues.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> There is a history of, suspicion or mild use of substances and/or caregiver is in recovery from substance use difficulties where there is no interference in their ability to parent.
	2	<i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has some substance abuse difficulties that interfere with their capacity to parent.
	3	<i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver has substance abuse difficulties that make it impossible to parent the child/youth at this time.

## DEVELOPMENTAL

This item describes the presence of limited cognitive capacity or developmental disabilities that challenges the caregiver's ability to parent.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>Does the caregiver have developmental challenges that make parenting/caring for the child/youth difficult?</li></ul>	0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.
	2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has developmental challenges that interfere with the capacity to parent the child/youth.
	3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver has severe developmental challenges that make it impossible to parent the child/youth at this time.

## SAFETY

This item describes the caregiver's ability to maintain the child/youth's safety within the household. It does not refer to the safety of other family or household members based on any danger presented by the assessed child/youth.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>Is the caregiver able to protect the child/youth from harm in the home?</li><li>Are there individuals living in the home or visiting the home that may be abusive to the child/youth?</li></ul>	0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> No evidence of safety issues. Household is safe and secure. Child/youth is not at risk from others.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Household is safe but concerns exist about the safety of the child/youth due to history or others who might be abusive.
	2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Child/youth is in some danger from one or more individuals with access to the home.
	3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Child/youth is in immediate danger from one or more individuals with unsupervised access.

**\*All referents are legally required to report suspected child abuse or neglect.\***

## FAMILY STRESS

This item rates the impact of managing the child/youth's behavioral and emotional needs on the family's stress level.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Do caregivers find it stressful at times to manage the challenges in dealing with the child/youth's needs?</li><li>• Does the stress ever interfere with ability to care for the child/youth?</li></ul>	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> No evidence of caregiver having difficulty managing the stress of the child/youth's needs and/or caregiver is able to manage the stress of child/youth's needs.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> There is a history or suspicion of and/or caregiver has some problems managing the stress of child/youth's needs.</p>
	<p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has notable problems managing the stress of child/youth's needs. This stress interferes with their capacity to provide care.</p>
	<p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver is unable to manage the stress associated with child/youth's needs. This stress prevents caregiver from parenting.</p>

## CAREGIVER POST-TRAUMATIC REACTIONS

This item covers the caregiver's reactions to a variety of traumatic experiences that challenges the caregiver's ability to provide care for the child/youth.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Has the caregiver experienced a traumatic event?</li><li>• Does the caregiver experience frequent nightmares?</li><li>• Are they troubled by flashbacks?</li><li>• What are the caregiver's current coping skills?</li></ul>	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> There is no evidence that the caregiver has experienced trauma, OR there is evidence that the caregiver has adjusted well to their traumatic experiences.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> The caregiver has mild adjustment problems and exhibits some signs of distress, OR caregiver has a history of having difficulty adjusting to traumatic experiences.</p>
	<p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> The caregiver has marked adjustment problems and is symptomatic in response to a traumatic event (e.g., anger, depression, and anxiety).</p>
	<p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> The caregiver has post-traumatic stress difficulties. Symptoms may include intrusive thoughts, hyper vigilance, constant anxiety, and other common symptoms of Post-Traumatic Stress Disorder (PTSD).</p>

## MARITAL/PARTNER VIOLENCE IN THE HOME

This item describes the degree of difficulty or conflict in the parent/caregiver's relationship and the impact on parenting and providing care.

	Ratings and Descriptions
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• How are power and control handled in the caregivers' relationship with each other?</li><li>• How frequently does the child/youth witness caregiver conflict?</li><li>• Does the caregivers' conflict escalate to verbal aggression, physical attacks or destruction of property?</li></ul>	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> Parents/caregivers appear to be functioning adequately. There is no evidence of notable conflict in the parenting relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.</p> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> History of marital difficulties and partner arguments. Caregivers are generally able to keep arguments to a minimum when child/youth is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.</p> <p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Marital/partner difficulties including frequent arguments that escalate to verbal aggression, the use of verbal aggression by one partner to control the other, or significant destruction of property which the child/youth often witnesses.</p> <p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Marital or partner difficulties often escalate to violence and the use of physical aggression by one partner to control the other. These episodes may exacerbate child/youth's difficulties or put the child/youth at greater risk.</p>

**Supplemental Information:** Marital/partner violence is generally distinguished from family violence in that the former is focused on violence among caregiver partners. Since marital/partner violence is a risk factor for child abuse and might necessitate reporting, it is indicated here as only violence among caregiver partners (e.g., spouses, lovers). The child/youth's past exposure to marital/partner violence with current or other caregivers is rated a '1'. This item would be rated a '2' if the child/youth is exposed to marital/partner violence in the household and child protective services must be called; a '3' indicates that the child/youth is in danger due to marital/partner violence in the household and requires immediate attention.

### FAMILY RELATIONSHIP TO THE SYSTEM

This item describes the degree to which the family's apprehension to engage with the formal health care system creates a barrier to receipt of care. For example, if a family refuses to see a psychiatrist due to their belief that medications are over-prescribed for children/youth, a clinician must consider this belief and understand its impacts on the family's choices. These complicated factors may translate into generalized discomforts with the formal health care system and may require that the care provider reconsider their approach.

	Ratings and Descriptions
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>Does the caregiver express any hesitancy in engaging in formal services?</li><li>How does the caregiver's hesitancy impact their engagement in care for their child/youth?</li></ul>	0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> The caregiver expresses no concerns about engaging with the formal helping system.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> The caregiver expresses some hesitancy to engage with the formal helping system that is easily rectified with clear communication about intentions or past issues engaging with the formal helping system.
	2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> The caregiver expresses hesitancy to engage with the formal helping system that requires significant discussions and possible revisions to the treatment plan.
	3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> The caregiver's hesitancy to engage with the formal helping system prohibits the family's engagement with the treatment team at this time. When this occurs, the development of an alternate treatment plan may be required.

### LEGAL INVOLVEMENT

This item rates the caregiver's level of involvement in the legal system which impacts their ability to parent. This includes divorce, civil disputes, custody, eviction, property issues, worker's comp, immigration etc.

	Ratings and Descriptions
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>Is one or more of the caregivers incarcerated or on probation?</li><li>Is one or more of the caregivers struggling with immigration or legal documentation issues?</li><li>Is the caregiver involved in civil disputes, custody, family court?</li></ul>	0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> Caregiver has no known legal difficulties.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver has a history of legal problems but currently is not involved with the legal system.
	2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has some legal problems and is currently involved in the legal system.
	3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver has serious current or pending legal difficulties that place them at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention. A caregiver who is incarcerated would be rated here.